
This Thy Body

An Experience in Osteopathy

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by

Mrs. Cecil Chesterton

Author of

"In Darkest London"

"Women of the Underworld"

"I Lived in a Slum"

etc.



Stanley Paul & Co., Ltd.
Paternoster House, London, E.C.4

MADE AND PRINTED IN GREAT BRITAIN
AT GAINSBOROUGH PRESS, ST. ALBANS
BY FISHER. KNIGHT AND CO., LTD.

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FOREWORD

By VISCOUNT ELIBANK

IT GIVES me great pleasure to write a short foreword to Mrs. Chesterton's admirable survey of Osteopathy, a method of healing which I am certain has come to stay in spite of any factious opposition that may be brought to bear against it.

That Mrs. Chesterton should have woven her tale principally round the person of Mr. Wilfrid Streeter is not extraordinary because, whilst it is true that Dr. A. T. Still was the founder and pioneer of Osteopathy in the United States of America, there is no doubt that it was Mr. Streeter, his former pupil, who pioneered the practice of Osteopathy in the United Kingdom and preached its cause. Without him, indeed, Osteopathy would probably be little known in Great Britain to-day. By his skill and example he has led others to follow in his footsteps, and established Osteopaths in Britain are now as well thought of and as much sought after in their sphere of healing as any Harley Street "Specialist."

But the Osteopaths' struggle for public recognition is far from being over. The Medical Profession as a body have definitely set their faces against Osteopathy and are sparing neither trouble nor money to defeat the statutory recognition of it as a branch of the healing profession.

Mrs. Chesterton has, therefore, done a valuable public service in writing these pages and in reviewing so fully, ably, and knowledgeably what took place before the Select Committee of the House of Lords

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which sat to consider and report upon the Bill introduced by myself in 1934 into the House of Lords to regularize the practice of Osteopathy, to set up standards of education, and to establish a statutory Register.

The reader, as he proceeds, will gather that the Osteopaths were ill-served during the proceedings of the Select Committee by one of their own number, but apart from this he will definitely be left with the impression that the main obstacle the Osteopaths have to overcome is the strong prejudice shown by the Medical Profession to them and to their recognition by the State.

The whole tendency to-day is to get away from drugs and forms of treatment which require their administration. Osteopathy meets this modern inclination and does so successfully. Where Medicine has failed Osteopathy has often triumphed. Anything, therefore, which will help the public to understand the struggle the Osteopaths are having to secure proper recognition and to set their house in order, should have general sympathy. It is for this reason that I venture to hope that this book will be widely read and that it will gain many adherents to the cause Mrs. Chesterton has so much at heart—namely, to obtain justice for the Osteopaths.

A handwritten signature in dark ink, appearing to read "E. C. Bank". The signature is written in a cursive, flowing style. Below the signature is a single horizontal line.

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CHAPTER I

THE CURSE OF PAIN

I CAN never understand why pain should be regarded as a purifying influence. To me it is a kind of witchcraft, a malignant possessive personality which, falling relentlessly on the unhappy victim, gradually seems to grow concrete.

"It came yesterday—quite suddenly," we say. "Perhaps it will be gone to-morrow."

Come from whence? Gone whither?

The extraordinary thing is that though we suffer we do not always try to discover why. This, I think, is partly due to fear of what may be disclosed when the cause is probed, but also because this dreadful thing, this pain, is still invested with a sort of mysticism.

For generations children were brought up to bear pain "bravely," i.e., to go through bouts of agony in silent heroism. Youths were encouraged to be manly by concealing what appeared to be a trifling ailment, and women were taught to believe that uncomplaining endurance in itself was so ennobling that even the pangs of childbirth should be accepted without amelioration.

Only of late years have we ceased this open glorification of suffering, and even to-day the old idea of

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resignation so lingers on in most of us, that our mentality becomes steeped in acquiescence and pain appears as a disease rather than a symptom.

But it is not the lay mind alone that takes this view. Doctors have the same facility for confusing the issue ; and often prescribe to alleviate suffering without exploring its root.

"I've the most awful pains in my legs and I can't sleep," was the complaint of an actor friend of mine.

"Rheumatism," said the doctor he consulted, and without the slightest examination the patient was launched on a course of electric massage, which did not help him in the least. How could it? My friend was suffering from a misplaced bone, but this was only realized after he had gone through weeks of depraving torture.

Pain to me is evil and of the devil. The strongest will slackens, the tautest nerves sag under its torment so that a strong man will whimper like a child. And yet hypnotized by agony, the victim rarely sees beyond it and patiently accepts drugs and bed, bed and drugs, the old, old palliatives. To me this treatment is like tinkering with the wheels of a badly going car, while the engine is left unexamined. For, after all, we do resemble cars in that a structural weakness, probably quite unsuspected, will throw us out of gear. And then the witchcraft operates and we are possessed by pain, crashing, blinding pain.

And this brings me to the point when quite suddenly I myself was seized by a dreadful agony that fastened on my spine. Literally I could not move. It was incredible, frightening. A moment before I had been full of life—now like an earthworm I was bowed to the ground. I could not in any way account for

what had happened but I determined it must end and sent right off for the doctor.

A really kind good man, he shook his head and without examination ordered me to stay in bed.

"Lumbago," he said. "Keep warm and take this prescription. You'll soon be better."

"But I've never had lumbago," I insisted. "Never in all my life."

"You've got it now," he answered. "But luckily you've taken the attack in time. Keep quiet and I'll look in to-morrow."

But by to-morrow I had had enough. To lie in bed seemed to me ridiculously passive. Surely the raging torment that had descended needed more drastic treatment. Moreover, I had work to do, articles to write, a book to finish, and I could not phrase a sentence, conjure up a word—the whole of the world, my world, was concentrated in a red-hot point of flaming pain. As I lay chafing at my enforced idleness a fellow-journalist rang me up and I told him of my plight.

"What shall I do?" I wailed.

"Why not try an osteopath?" he said. "Edgar Wallace always swore by Wilfrid Streeter. You go to him."

At that time my ideas as to the practice of osteopaths were most hazy. I knew they were building up a huge clientele and that sufferers of all kinds and classes were crowding to their consulting-rooms, but of what they did, apart from dabbling about with bones, or why they did it, I was quite ignorant. It was enough, however, for the moment that I was going to try their treatment.

Anything, I felt, was better than lying supine.

It needed some doing to get up all the same. I shall never forget being hauled out of bed like a sack of coals, pulled downstairs and pushed into a taxi. My humiliation at such bodily dependence was unspeakable; the ghastly helplessness that would not let me move by myself made me ashamed. When at last I arrived at Park Street, my wretched spine refusing to stand up, I had to cringe into the house like a bemused beetle.

Room opened out of room in a spacious flat on the ground floor—treatment and waiting-rooms. One of these—even in my torment I realized its loveliness—holds a wonderful painting by a Chinese artist in the seventeenth century. The figure of a gracious woman in the lovely high-necked robe of immemorial usage looks at the world of to-day, calm and undaunted. Her face is full of a rare serenity born of understanding. Her delicate fingers express the perfect sense of touch that springs from art and knowledge. As I gazed my fill, the exquisite creature was suddenly merged into a memory picture of Hong Kong. I was back for a moment among the scents and sounds of the city, the high-pitched chants of the fruit-sellers and water-carriers, the soft pad of the rickshaw coolies and sedan-chair bearers; gold, crimson and blue banners streamed outside the queer low-fronted shops, and my nostrils were filled with the strange smell compact of incense, spice and humanity that is the East; slim women, dressed like the painted beauty, in silken robes moulded to the figure, of ankle-length with a coquettish slit revealing a perfectly-moulded, elegantly-stockinged leg, carried fragile parasols, bright-hued as butterflies; the sun turned the streets to a molten gold, so that the dimmed light of my hotel

seemed like a pool of velvet coolness. . . . A long flight of polished stairs, ending in darkness, a stumble—with a disconcerting thump I landed on my back.

The picture faded, but—it was the portrait of the Chinese lady—my mind got working. I began to wonder if there could be any connection with my fall of two years back and the agony of to-day. I had not hurt myself at the time—by that I mean there had been no pain—only a slight swelling, but it might be that then and now were somehow linked together.

I have always been keen on discovering the reason of things, and I resented the way my doctor had ignored all investigation or discussion. His attitude seemed mere mumbo-jumbo, part of a medicine man's outfit. I wondered if this stranger, this osteopath, would be at all different. Would he think behind the pain? The question became almost a test. The doctor had asked nothing, examined nothing. "Lumbago," was his diagnosis and bed the remedy.

I became increasingly anxious to see the apostle of this new creed.

The first thing I noticed about him was his hands. Hands have always fascinated me. The size, shape, texture of the skin, length of the fingers, breadth, capacity, the hundred and one details that make up the indicative whole, are to me revelations of supreme psychological value. One knows the artist's hand at sight—the spatula tips give their own evidence, like the sensitive fingers of the musician. Every specialized gift carries its own manual significance. There are certain men and women who have what is called "growing" or, as they say in the country, "green" hands. These are the folk who from the

most unkind soil and circumstance can raise sweet blossoming plants and leafy shrubs. Healing hands, as I call them, have something of the same attributes. Strong, mobile, almost sighted, as though each digit held a separate vision, the calm comprehensive fingers, the magnetic palms, bring a steadying influence, an infinite assuagement.

That is how Wilfrid Streeter's hands appeared to me, and to this day I recall my first experience of their capacity.

He wasted no time. I was on the osteopathic table in a moment, and soon he had found the quick of the pain, the spot that seemed to centre my whole consciousness.

"Have you ever hurt your back?" he asked.

The question—like his touch—filled me with confidence. The pain was not labelled but diagnosed. He told me that my spine had been jarred at some time and that this was the consequence—a long way after. The important thing was to get the spine back to normal; and there followed a treatment which to my great joy helped the extreme agony.

I was allowed to rest and two or three hours later I left the house, not as I had come, abject and grovelling, I was able—though slowly it is true—to get into a taxi and upstairs to my flat at home with little, if any, assistance.

Bed? Not a bit of it. I had a daily treatment—which gave me sufficient vitality to use my brain, and I went on with my writing life unhampered. I grew perceptibly stronger with each application of those healing hands, and soon, miraculously soon, I was able to go about my business.

What had happened? How had I been helped?

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What was the secret behind the hands that seemed to assuage suffering as by magic? What was the essential, fundamental difference between the medical school that had prescribed "bed and drugs" and this new insurgent system that practises bodily mechanics?

That was the word—mechanics. I had been dealt with like a defective machine that couldn't go. Now, newly sprung and readjusted, I was once again smooth-running.

The possibility of retaining health without drugs, of casting out the devil of pain without long groaning hours of torment and inactivity, seemed to open an horizon of far-reaching possibilities. I felt I must find out all I could as to this new method of healing, for though an ordinarily well-informed woman, I had been utterly ignorant of what osteopathy claimed and could do until I came into direct contact with its method; believing that there may be others still uninformed on this vital matter, I have decided to record what I have learnt and discovered.

Especially do I write for women. Pain is for many of us almost a daily portion, only borne by the sacrifice of our few hours of recreation and amusement to inactivity, a course that in the long run may breed mental and emotional ennui.

Osteopathy—it is not a melodious word—signifies to me the rout of the long-drawn consumption of endless medicines with vast intervals of bed, and the dawn of an intelligent knowledge of why pain comes, how it should be dealt with, and the realization that to keep healthy you must be mechanically fit. The words for me seem to let the sun into darkened rooms with close-drawn blinds.

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I have neither the intention nor the desire to belittle the orthodox school of medicine as a whole. I have cause for the deepest personal gratitude towards individual doctors and, as everyone knows, many members of the profession, infinitely sacrificial and devoted, show sheer genius in diagnosis and treatment. But while the keener ones keep in close touch with the latest investigations as to the causes of disease and methods of treatment, general experience goes to show that the medical rank and file do not as a rule probe beneath external symptoms. They do not analyse the reasons as to why such and such a state exists but tend to accept an abnormal condition without due inquiry. Moreover, now as in past times, they set their face against a new departure from established precedent, without dispassionate examination of its claims.

A very brilliant and original woman doctor told me of a case where a young man had been certified insane because he "smelt death" wherever he went, thereby causing considerable social unpleasantness. One day a new doctor of an inquiring turn of mind was appointed to the staff of the asylum. He decided to have the patient's nose X-rayed, when it was discovered that the unfortunate victim was suffering from a diseased bone which had caused the smell of putrefaction. The bone removed, the patient became normal—but not till he had been confined for several years.

What has happened to the medical profession is no new thing. It is an old story, old as human nature which clings to the past and fears the future. I am sure the leaches of the period, like the Scribes and Pharisees, were outraged when by the laying on of

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hands Christ made the blind to see, the lame to walk and the deaf to hear. It was not orthodox and therefore to be condemned.

Yesterday and to-morrow are for ever in conflict. The builders of wooden ships prophesied that iron-clads would sink ; railway magnates refused to believe that aeroplanes would fly, and the users of spinning wheels and handlooms denounced machinery as the devil. In the same way, doctors of medicine denounce doctors of osteopathy without inquiry or examination of their premises. It is always the same. The man in the Old Testament who said "sibboleth" instead of "shibboleth"—"they slew him at the passages of Jordan."

The root of the struggle is inevitably economic. The ancient order is always fearful that the modern will reduce its earning capacity and the possible loss of income undoubtedly affects the issue as between recognized medicine and ostracized osteopathy. But the methods of the taboo inevitably defeat themselves, and slowly but surely the General Medical Council is being forced to the bar of public opinion.

And now for the fundamental difference in the two schools of healing. As I see it, broadly, medicine turns on treatment of symptoms by drugs, and osteopathy on maintaining or restoring the structural integrity of the body. This is not a scientific definition, but rather a working explanation which I fastened on when I first grew interested in what I may call new bones for old bottles !

The waiting-rooms at Park Street fascinated me. A never-ending stream of humanity poured in—men, women, children, boys and girls, each and all carrying a load of difficulty. The amazing thing was that every

kind of ill person seemed to be there. You know how it is with most consultants—specialists in different kinds of disease—you never find an eye-patient in the rooms of an orthopædist. But at Park Street things were quite different, deaf people, lame, those with distorted limbs and pain-sodden bodies, all came crowding in. I used to pick out the new-comers by the strained look of hopelessness in their dim faces. Others held an almost incredulous expectancy as though they were beginning to experience something in which they had lost belief—recovery. Again there were those who had left all doubt behind and could sight a full return to that blissful state of body when movement is effortless—superbly unconscious.

Under the calm eyes of the Chinese lady I heard some of the most poignant stories I have ever listened to.

One beautiful spring morning I met a tall, soldierly-looking man whose smile lit up a pale, delicate face. A grave and very charming person, with a touch of chivalry, I named him to myself the Grey Knight.

"What made you come to an osteopath?" he asked.

I told him what had brought me to Park Street.

"I was here first several years ago," said he. "I came utterly disbelieving, and in a complete state of despair. I only turned up because I'd promised an old friend I'd take a last chance before finishing things another way. Oh, yes, I'd quite made up my mind to commit suicide." His voice held the echo of suffering long past but deeply bitten in.

"Pain?" I said.

He nodded. "That's too slight a word, if you know what I mean. It was after the War. I'd been badly hurt, battered to bits by shrapnel, and for three years

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I was in hospital. The wounds healed, but do what they could, the doctors couldn't get rid of the pain. God! the thought makes me feel shaky even now. A grinding, merciless agony, it was like being on a rack that gradually grew hotter and hotter until there came a flaming moment when I felt that if I did not get relief my brain would snap. When things reached that point they always gave me an injection of morphia. It eased things down for an hour or two, and I used to cheat myself into the belief that the pain had gone. I would read, smoke, shake off all lingering drowsiness and make the most of the time—and then, slowly at first and then quicker and quicker it came back, and I was ground on the old rack in a crescendo of torment. . . . Then I had morphia again."

The sensitive mouth tightened. The room—for the moment we were alone—grew tense.

"It was hell," he said, "blinding hell. I stood it for three years, and then I had a straight talk with the bigwigs at the hospital. Could anything at all be done for me—other than morphia?"

"‘Nothing,’ they said.

"‘What was wrong?’ I asked them.

"They couldn't say. There were no bones broken. X-rays had revealed that. It was a matter of nerves. Perhaps with returning health and vigour—you know the stuff. . . . I cleared out of hospital with my morphia and decided to stage my own fight. I went to the seaside and dragged, literally dragged myself about. I forced myself to take an interest in things and people—but it was no use. Pain, that awful, devilish pain, swept over me. I could not escape from it, except through morphia, and life boiled down to the rack and dope, dope and the rack.

"And then," he leaned forward with an almost appealing gesture, "I realized that in the end I should be a slave to morphia—if I wanted to keep my reason. I saw myself getting weaker, growing so dependent on the stuff that at last I should have to surrender my will, my brain, my soul, everything to its influence. . . . Well, I wasn't going to live on those terms. . . . I made a last effort to get free. I steeled myself somehow, and for four-and-twenty hours I gritted my teeth—and suffered sheer hell without a moment's relief. . . . After that, I gave up."

"You mean——?"

"I decided I couldn't go on—perpetual dope's too high a price to pay even for life. . . . I made up my mind to take an overdose and end everything."

"What stopped you?"

"A friend who guessed what I was going to do begged me to come here for osteopathic treatment. He put it on personal grounds—we are very great pals—and after a tussle I said I'd do it. Mind you, I hadn't the least hope or belief that Streeter could do anything. I told him so when I came."

"Well?"

"He laughed and said we'd see. . . . I *did* see, or rather feel. . . . When I left the house, for the first time for years the excruciating agony seemed to have eased."

"What did Streeter say was wrong?"

"The old body had got out of gear. The spine was wrong and the nerves all congested—that's my way of putting it, not his, you know."

"It's like a miracle," I said.

"Each day things grew better. In three months I was able to drop dope altogether. In six—I had lost

all pain. Think of it, the pain had gone, I was able to work, to think, to enjoy the sheer delight of living. No, I haven't had a recurrence, but in case the old frame should get out of gear in any way I drop in once or twice a year to get a thorough overhauling. I've a new lease of life," said he, "thanks to the treatment."

It was Goethe who said : "It vexeth men that truth can be so simple," and as I listened to the Major's story, I realized how the exquisite simplicity of the osteopathic art, with its absence of paraphernalia, drugs and bedside manner must irritate the pundits.

"I carry my ten fingers, instead of pills and powders in a satchel," a famous osteopath said on one occasion. "I've never prescribed a dose of medicine in my life."

Those same fingers are his surgical instruments, living, human instruments that with incredible cunning make for the weak spot.

One of the most convincing things about this osteopathic business is the readiness with which the expert will explain his treatment.

To go back to the principle of mechanics. We are born for the most part with a beautifully adjusted frame, fitted to carry weights, endure fatigue and respond to any sudden call to activity. But life to-day plays havoc with our natural fitness. Instead of a jolly, open-air existence, ploughing, reaping, bathing, leaping, we sit in offices at typewriters, stand behind counters, sweat in mines, endure the exhausting atmosphere of engineering shops, follow all the careers implicit in a civilization which prevents the free play of nerves and muscles. Those who aren't obliged to work are no better off, physically speaking ; occupational causes—the way we breathe, carry our

heads, narrow our chests—are responsible for all sorts of maladjustments which show themselves in a hundred different ways. Drugs do not and cannot cure them, it is the restoration of bodily mechanism that does the trick.

Take care of your spine and your health will take care of itself was the maxim I evolved, and I've handed it on again and again.

And not only spines !

A pretty, fair-haired woman told me how she had lived for years shut off from music, the song of the birds, the sighing of the wind, dear human voices—the whole world of sound, with its thunderous explosions and delicate vibrations.

"It happened when I was a child of ten, after an attack of measles. Everything in the sound way went blank. It was terribly frightening, and I can remember even now the awful helpless state of panic that used to fall on me when I could not hear what my mother or my nurse were saying. I always feel that it is more dreadful to be deaf than blind. I don't think that blind people can feel so terribly shut off as those who cannot hear.

"My parents spent a small fortune trying to get me cured. I was taken to one specialist after the other, this and that were tried, but nothing happened—I still lived in a ghastly world of silence. . . . Oh, yes, I was fitted up with all sorts of ear attachments, but I hated them ; they made me feel like a leper somehow ; I sensed how people shunned the appearance of the little black box or the adjustable contrivance the deaf have to carry, and at last I wouldn't use them. I relied on lip reading, in which I became fairly expert. But it was a lonely life—like being in

the Arctic, I sometimes thought, beyond the reach of voices. It was worse than if I had been born deaf, for then I should never have regretted what I'd lost. But sometimes the memory of some simple sound—the bleating of a lamb, the call of the cuckoo, the dear old nursery kettle singing on the hob—made me so sick with longing that I used to cry.

"I am thirty years of age," she said, "and for just on twenty years I'd been imprisoned in silence. And then a friend of my father's suggested I should see an osteopath. My people smiled at the idea of his being able to help me. They felt it would only mean another disappointment and perhaps a lot of suffering. They told me their decision, but I pleaded so hard they consented to bring me to Mr. Streeter for a consultation." She paused, and then with a sudden happy flush, she clasped her hands.

"I can hear," she said, simply. "Think of it, I can hear."

Finger surgery applied to the mechanism of the ear opened the door of sound to her. Later in this book, in its due place, will appear a technical explanation of exactly how this finger surgery is employed. But for the moment that can wait—the amazing thing was and is that this radiant creature could *hear*! after medical and surgical experts had given her up. . . .

Inside the lobby of the flat in Park Street you cross to a wide hall. There are big bowls of flowers, old gate-leg tables, Chinese pottery and prints, and on the floor a lovely Persian rug, mellow with craftsmanship and age. The rug is the Streeter mascot, and has travelled with its owner from his boyhood's home way back in New England half over the world. It has seen good fortune and bad fortune, struggles and

rewards. On its exquisite texture many feet have trod—it is, I always feel, a magic carpet on which people are transported from agony to ease.

Whole chapters of human history unfolded themselves to me. It was like exploring an unknown country and discovering hidden springs. I found myself increasingly able to give my smitten friends new hope. A clever actress playing in a big success rang me up in the greatest agitation.

"I can't turn my head," she wailed. "It hurts me so dreadfully I feel I must scream. It came on yesterday and I've had the most awful night. The doctor says I've taken cold, and must stay in bed. He won't hear of my going to the theatre this evening. But I must go, I *must* go. . . . You can't think how it hurts. What shall I do?"

That was easy. Muffled up to the eyebrows, for fear of draughts, my friend tottered to Park Street. Half an hour later she emerged, normally clad and radiantly smiling.

Cold? Not a bit of it. She had ricked her neck, possibly quite unconsciously. Readjusted, she was quite happy, neck and all.

"But I might have lost my job," she said. "It would have been ever so long before I should have suspected what was the matter."

Similar results to those I have quoted are everyday occurrences in osteopathy. Cases given up by eminent physicians and famous surgeons are put right under the new healing. As I went further into the study of this system of bodily mechanics, I met practitioners who, like Mr. Streeter, had performed what in their patients' opinion amounted to miracles. At the time of which I write, however, my contact

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with the new gospel of health was through the man who had cured me, and the first evidence I collected was in his consulting-rooms. But then as now it was the method of rehabilitation rather than its particular exponents that arrested my eager attention. It seemed to me that I had found a way out from the heritage of credulity bequeathed by generations of sufferers who had accepted the pabulum of pills—like pain—as manifestations of God's will.

In the past life moved at an unhurried pace. Leisure was there to spend and waste, and the years unquestioned took their toll of health and strength, slimness and alacrity. That spacious dilatory era when no one made haste, saw the high tide of prosperity for the medical profession. Bed was the chief solution for the ailments of the female sex, together with the mixture as before, three times daily.

But for us women that era is definitely over. Speed and streamline are what we aim for, mentally and physically, and to me these two things are inseparably connected with osteopathy. Meanwhile, the dear old medical profession as a whole lags hopelessly behind.

The most brilliant and original members do not seem able to leaven the whole ; the General Medical Council closes its eyes and ears to what is happening in the world outside, and the rank and file follow suit. But in medicine, as in everything else, the younger generation thunders at the door, clamouring for recognition, and ultimately the younger generation always wins.

The practice of osteopathy originated in the United States. Sixty years ago an American doctor of the name of Andrew Still after years of trial, experiment

and unremitting observation, came to the ultimate conclusion that the schools of medicine were on the wrong tack. Drugs, he postulated, let alone the knife, could not make a sick body whole. It was, he felt, working gradually towards this revolutionary decision, a matter of mechanics. In his own words he held that the predisposing cause in most diseases is a mechanical maladjustment of the body framework which interferes with the free flow of arterial blood and other vital fluids. On this principle he built up a treatment which had the most amazing results. The swiftness with which his teachings were accepted, the rapidly increasing manner of his successes, make one of the most fascinating chapters in human history.

American orthodoxy was at his throat from the first, but at the end the fine old fighter defeated opposition, and osteopathy, recognized and legalized, established its own hospitals, schools and colleges, with power to confer degrees.

From America osteopathy was brought to this country in 1903 by Dr. L. Willard Walker and Dr. Franz Joseph Horn. In Britain, like the rest of Europe, the art was then totally unknown, and it was not until twenty years later that the long-drawn campaign for legal recognition had its outcome in the recent Bill for the Registration of Osteopaths in the House of Lords.

The evidence for and against the Bill makes fascinating reading, and its salient points will be found in a later chapter of this book. For the moment, however, I am concerned with the amazing personality of the originator of osteopathic methods, Andrew Still, in whose wake so many ardent and gifted men and women have followed.

CHAPTER II*

THE STORY OF ANDREW STILL

A HUNDRED years ago a small boy of six sat on a horse's skull in a village school in Tennessee, learning his letters. The skull is significant. It links up with Andrew Still's passion for anatomy.*

Conditions in those days were very primitive—hence the poor old gee's head and the master's educational methods, his idea of duty being to thrash the boys and girls under his care from 7 a.m. to 6 p.m. with a few writing, reading and arithmetic lessons thrown in.

Life was not easy for Andrew in or out of school. His father was a Methodist minister who missioned in the wilds, where there were never any churches, roads, shops, or newspapers, so that the Still family had to build the home, farm the land, and generally carry on while the Rev. Abram saved the souls, tended the bodies and mended the machines of the ungodly. Wherever possible, however, the boys were sent to school, sometimes miles away. Between whiles, from one establishment and another, Andrew managed to acquire a fair knowledge of mathematics and a love of literature, while home life gave him a thorough grounding in woodcraft, agriculture, and rough and ready engineering.

It was the epoch of the pioneer and a man had

* For the facts and descriptions here quoted I am indebted to the *Autobiography of A. T. Still*, Kirksville, Mo., 1927.

ed of his brain to survive. It was indeed a hard experience. "Father worked with us three boys all ; could in the spring, and at harvest time gave us start in our work ; then mounting his horse, he arted across the wild prairies to preach the Gospel. ut if strenuous, life was exhilarating. There was not me to get stale, to feel dull or become stereotyped. Andrew's early experiences were kaleidoscopic. He arnt to make contacts, to size up a situation and o distrust ready-made conclusions of all sorts. Adventure was found in scotching snakes and hunting game, and excitement supplied by the anti-slavery campaign.

On the eve of the Civil War, feeling on both sides an high, and public opinion throughout the States was so divided that the Methodist Church split on the issue, some of the brethren believing that the Bible justified human bondage, others holding that it was against the will of God. The Rev. Abram was hot against the chattel notion, and remained with the old guard, who dispatched him to convert the Shawnee Indians in Kansas.

All this time, Andrew was working with his father among the sick, and acquiring first-hand knowledge of bodily ailments. This, with a hospital training, enabled him to practise medicine successfully. But in America, as in Great Britain, less than a hundred years ago doctors were not registered nor was their legal status defined. Anyone could practise as a physician or a surgeon, qualified or unqualified ; anyone could call themselves "Doctor," and the number of patients was determined by the percentage of cures and deaths. Modern memory is so short that I feel it is essential to stress this point. Men of experience and talent in America, as in Britain, ranked

with the ignorant and unskilled according to the law. A sick person might be fortunate and secure a clever doctor, or unlucky and choose a quack. There was no means of distinguishing between the bona-fide medicine man and the charlatan.

Andrew Still served his time as a student and duly entered the ranks of the orthodox. His knowledge of disease, however, was far wider than most of his contemporaries. He and his father had been doctors to the whole tribe of Shawnee Indians, and tackled cholera, smallpox, erysipelas and pneumonia, in addition to setting innumerable broken bones; but not content with living Indians, Andrew dissected hundreds of the dead.

"In my early days in wind-swept Kansas," he says in his autobiography, "I became a robber in the name of science. Indian graves were desecrated and the bodies of the sleeping dead exhumed. I grew to be one of those vultures of the scalpel, and studied the dead that the living might be benefited.

"I had printed books, but went back to the great book of Nature as my chief study. The poet has said that the greatest study of man is man. . . . The best way to study man is to dissect a few bodies.

"A thousand experiments were made with bones, until I became quite familiar with the human structure."

He was, moreover, in continual association with wild life.

"The old frontiersman," insisted Dr. Still, "knows more of the customs and habits of wild animals than the scientist ever discovered."

Early in his twenties the young enthusiast got married, taking his wife to the parental farm, where

he expected to continue his work among living and dead Redskins. But the Civil War upset all his plans, and a keen abolitionist, he enlisted in the Ninth Kansas Cavalry. His record throughout the campaign, as one might expect, was one of gallantry and judgment. Few details of his military career, however, are available. The supremacy of the North established, he went back to civil life.

The next chapter marks a definite point in Still's history. He came to the conclusion, after a varied and intense experience of sickness, that orthodox medicine was largely a matter of guesswork. It seemed to him that the root cause of disease was rarely determined. To quote his own words: "On the frontier, fighting pro-slavery sentiment, snakes and badgers . . . through the Civil War and after the war I was gradually approaching, by steady research and observation, the science of osteopathy."

But it was not observation that jolted the frontiersman into direct action, but something nearer home. An epidemic of spinal meningitis broke out in the district, and Andrew's own family was smitten.

"The doctors came, and were faithful in their attendance," he says. "Day and night they nursed and cared for my sick, and administered their most trustworthy remedies, but all to no purpose. . . . I had great faith in my doctors then . . . and God knows I believe they did what they thought was for the best. . . . It was when I stood gazing on three members of my family—two of my own children and one adopted child—all dead from spinal meningitis, that I propounded to myself the serious question: 'In sickness has God left man in a world of guessing? Guess what is the matter? What to give and guess

the result?" I decided that God was not a guessing God, but a God of truth ; that all his works spiritual and material are harmonious . . . so wise a God has certainly placed the remedy to disease within the material house in which the spirit of life dwells."

From this point Andrew Still reasoned to the conclusion that "all remedies necessary to health exist in the human body. They can be administered by adjusting the body in such condition that the remedies may naturally associate themselves together . . . and relieve the affliction."

And so we come to the proposition that osteopathy is a science built upon the principle that man is a machine.

Hundreds of anguished fathers like Andrew Still have raged against the friendly ineffectiveness of orthodox practitioners. We must all have come up against the *non possumus* of the average doctor, who "guesses" what is wrong, and what will put the patient right. Still reasoned that in disease "something abnormal would be found in one or some of the nerve divisions which would tolerate a temporary or permanent suspension of blood either in the arteries or veins, which defect caused disease."

His first success in osteopathy was the treatment of flux. The patient was a small boy, and his case had resisted every attempt at orthodox cure.

"All the authorities who had read or met in council," says Dr. Andrew, "could not get their eyes off the effects rather than cures. They met pain by anti-pain medicines, and bleeding of bowels by astringents—following such remedies to death's door."

On examination of the small boy, who, poor soul, "bled" as he trotted by his mother's side, Still found

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"rigid and loose places in the muscles and ligaments of the whole system, while the lumbar was in a very congested condition."

Manipulation put the muscles, etc., right, and the child was triumphantly cured without a dose of drugs. A violent attack of erysipelas yielded to manipulative treatment of the facial arteries and veins, while a dislocated elbow that had defied the efforts of four doctors to reduce, was put right in ten minutes without a spot of chloroform.

After this the fame of the new healing spread throughout the countryside; sufferers from asthma, fever, bowel complaints, broken limbs and aching backs, sore eyes and deaf ears crowded for treatment.

To me the most prophetic instances of Dr. Still's success include the case of a girl diagnosed as suffering from nervous prostration. She was too weak to move, and was given up as doomed.

"I found the young lady in bed . . . and, on examination, discovered that the atlas of the first joint of her neck was a half-inch too far back, so it had shut off the vertebral artery from supplying the brain. I carefully adjusted her neck and in five hours she was out of bed slicking up for company."

Another case was a difficult and dangerous confinement. After a prolonged labour the mother had almost completely collapsed and the doctor despaired of the birth of a living child. As a last resort Andrew Still was summoned, and, with no instrument but his hands and his magic fingers, he brought the baby into the world quite painlessly.

This, to me, comes as one of the greatest messages of hope to women to-day. The statistics in England and Wales of deaths at childbirth are staggering and

among the poor the mortality is especially heavy. The working-class mother is usually looked after in her confinement by a hospital student with no practical experience whatever. That same student having "attended" some twenty similar cases and passed a theoretical examination in midwifery is regarded as a qualified obstetrician able to "deliver" patients—with a heavy percentage of deplorable results.

As one might expect, the success of Dr. Still's new methods aroused considerable controversy. The profession generally were up in arms against him as unorthodox, while large sections of the public, fearful of anything new or strange, accused him of having truck with the devil. Vast meetings were held to protest against him and congregations prayed that he might see the error of his ways. An opposition Press labelled him a charlatan; medical men thumped their tables at him, and denounced him in railway trains. But nothing could keep the sick from seeking him; nothing could prevent women demanding his attendance at childbirth.

"People came in great numbers to be healed," he says quite simply.

So keen was the demand for his skill that he had to extend his circuit to mining and distant towns in order to keep appointments made weeks beforehand.

It was in 1874 that he first went to Kirksville, where he had a small but devoted band of adherents, including a physician by the name of Grove, who believed wholeheartedly in the new science. A devoted enthusiast placed a suite of rooms at Still's disposal rent free for six months, and here he lived and worked prodigiously, treating hundreds of folk who could not afford a fee but earning very little for himself.

Only through the devotion of his wife—he had married for the second time—could he ever have spared the time and energy to perfect his system. She had insisted he should leave her and the children to carry on the small farm he had shared with a brother, where, like most women of the period, she would be equal to any agricultural or economic occasion.

Gradually, however, the tide turned and paying patients grew more numerous, until, at last, the doctor, able by this time to have his family with him, settled in the little town of Kirksville, where he decided that in future patients should come to him no matter from how great a distance.

It was at Kirksville that the fine old fighter had his first professional triumph. Dr. William Smith, newly arrived from Edinburgh, called to interview the man whose cures were blazoned all over the state of Missouri. Everywhere the new-comer heard of osteopathy, but, though he questioned orthodox doctors wherever he went, not a word could be got out of them.

Smith, however, was a man of imagination. He saw the possibilities of the new healing and gladly agreed to stay at Kirksville as professor of anatomy to osteopathic students. Still's whole philosophy was founded in the construction of the human body and he was urgent in his desire that his four sons with his only daughter should be grounded in this all-important branch of science. No matter what their future might be he wanted them to know just what structural displacement could mean. The class began with the Still family alone, but from this tiny seed was born the American School of Osteopathy now known as the Kirksville College of Osteopathy,

destined to become the centre of the revolution in the treatment of disease. The great and lasting movements of history, social and scientific, always seem to spring from small beginnings which, deep-rooted, grow and grow until they spread in varying degrees throughout the world. Dr. Smith's anatomical class expanded rapidly—more and more students joined the little throng. But as yet the whole crusade was in its infancy and the experiences of its sponsors were full of surprise. There were breathless and daily encounters with all kinds of bodily ills, punctuated by fierce attacks from the medical faculty, with a continual bombardment of prayers from the fanatical laity who importuned the Heavens to save Brother Still from hell. The doctors, meanwhile, refused even to listen to old Andrew's exposition of the new healing, and, when he asked his brother practitioners if he might address the students of the Baldwin University (now known as the Baker University, Kansas), he was given a curt refusal.

But faith and enthusiasm, allied to science, are difficult to stifle, and though the battle raging throughout Missouri gradually involved the surrounding states, the faithful little group in Kirksville gave unstintingly of their support.

The lectures attracted more and more attention and, finally, on the 30th of October, 1894, the first school of osteopathy received a State charter; the new healing had come to stay.

The attitude of the osteopath towards both drugs and surgery is such a vexed question that it seems to me important to reproduce the opinion of the originator of the science on both counts.

Andrew Still starts off by quoting a standard

definition of surgery* as follows : "Surgery signifies the manual interference by means of instruments or otherwise, in cases of bodily injury, as distinguished from the practice of medicine which denotes the treatment of internal disease by means of drugs." He goes on to say that "in the common acceptance of the word as popularly understood, surgery means cutting, and any reference to a surgeon's work calls up a mental picture of such instruments as the knife, scalpel or lance, and their use upon the human body. We accept that part of surgery . . . as of great use and benefit to mankind. An osteopath will use the knife to remove any useless parts as quickly as a carpenter would use a saw to remove a useless piece of timber."

But facing this is the salient criticism not only of surgery as a whole but of the medical faculty also—when should the knife be used ?

"Never," says old Andrew, "until all nerves, veins and arteries have failed to restore a healthy condition of the body in all its parts and pendulums."

Like the smooth-running car, periodically adjusted, he holds that the body to be fit must have a steady sufficient flow of blood to all its nerve centres. "But—" it is Still who is speaking, the man whose long experience had brought him into contact with every sort of physical hurt and bodily ailment—"but the great failing of many who enter surgical work is their too frequent use of the knife . . . many are the sufferers who go through life disfigured, maimed or deprived of some essential organ, who should have had their body restored to a perfect condition without being so mutilated."

* Chambers' *Encyclopædia*.

I recall, at this point, with a tragic clearness, the case of a woman who, at the age of thirty-eight, found herself suffering from continuous bouts of internal pain. The doctor sent her to a famous surgeon who diagnosed her as suffering from a tumour. He insisted that an operation was essential to remove the growth. When she was cut open no tumour could be found and she was sewn up again, but as the pain returned in full cry the surgeon suggested another operation. The patient and her family objected, however, and, finally, after consulting innumerable doctors, the poor thing died in terrible agony. A post mortem revealed that she had been suffering from gall stones.

No action was taken against the surgeon—once in a thousand times can the plaintiff in such a case succeed—but influential pressure was brought to bear and the expert had perforce to retire into private life where he could precipitate no further tragedies.

An individual error, whether from ignorance or carelessness, cannot be held to indict a whole system, but errors of this kind are not infrequent, though carefully hushed up. Never so far as I can discover does the General Medical Council or any other professional body, hold an inquiry or administer caution or reproof in regard to treatment.

What, it may be said, is wrong with the surgical tradition? Surely it is an immediate predisposition for the knife, sometimes regarded as a first rather than as a last hope. This habit of the knife is one of the reasons for the objection of the poor to hospital treatment.

“That’s where they carve you up,” said a little old lady to me from a seat on the bus. “My sister

died from a dreadful operation. They wanted to put me in when I was ill, but not me. I wanted 'ome."

This expresses the general point of view of the working class.

The knife and nothing but the knife is too often a surgeon's slogan.

"What can osteopathy give in place of drugs?" is Still's next query. His answer is an essential challenge to the "three times daily" school. "We have nothing in place of calomel, because osteopathy does not ruin the teeth, nor destroy the stomach, liver or any organ or substance in the system ; or nightshade whose poison reaches the eyes and ruins both sight and shape, and makes tumours great and small. We have nothing in place of aloes, which purges a few times and leaves unbearable piles . . . the same with morphine, chloral, and all the deadly sedatives of all schools . . . we do not know that any have ever cured a single case of sickness, but we do know they have slain thousands . . . osteopathy considers life too precious to place its chance in jeopardy."

At the same time I have never heard an osteopath refuse to admit the value of immediate palliatives if the disease has been overlooked for so long that remedial treatment must of necessity be long-drawn. But primarily it is the cause that the osteopath seeks to treat, not its effects. Therein, to me, lies the fundamental difference between the new healing and the old.

The fight for recognition in the U.S.A. was keen and prolonged. Missouri, the State that saw the establishment of Kirksville, put the new healing on a legal basis in 1927, in which year Michigan, the

third State to recognize osteopathy, passed its first measure. In America each State makes its own internal laws, and it took years of struggle and effort before the rest of the States followed. But, one by one the Stars and Stripes were gathered in and osteopathy was recognized. In many States, indeed, it has been given full equality with orthodox medicine and claims for the services of osteopathic physicians and surgeons are allowed under the Workmen's Compensation Laws, as in the case of the ordinary practitioner.

But, if the final recognition were delayed, the practical exposition of the drugless craft spread everywhere, and all over America osteopathic schools and hospitals were founded. The new healing came to the people as a revelation, and many who had begun by regarding Dr. Still as a child of Satan hailed him as a saviour.

Meanwhile delay in legal recognition and registration brought the inevitable evil results. A crop of quacks sprang up who, without training or diplomas, started to practise osteopathy. The consequences were ghastly. As in the days before medicine was regulated, a patient could not discriminate between the experienced man who had served his time and the mere charlatan who called himself a doctor. This danger of letting loose unqualified practitioners of osteopathy beat down the opposition of the orthodox, until it became a matter of public policy to protect the ignorant and the uninitiated from the onslaughts of the untrained.

Dr. Still lived to see his faith justified, and since his death in 1917, there has been a steady increase in the number of osteopathic students and practitioners ;

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to-day there are some 9,000 or 10,000 fully qualified practitioners in the United States.*

America is the forcing house of ideas, and the amazing rapidity with which osteopathy grew and flourished and became established is a proof of the national readiness for trial and experiment. In England we are of slower mental habit and temperamentally react against change. And yet, as by a paradox, we tend to regard an innovation of yesterday as an age-old custom ; witness the general belief that the General Medical Council has its roots in history like the Magna Charta, whereas it is of emphatically mushroom growth, the medical Acts, under which it was finally established, not being passed until 1858 and 1886.

The opposition of the American orthodox had an immediately stimulating effect on the followers of Andrew Still, and in 1897 the American Osteopathic Association was formed, to further professional interests and to maintain the highest possible level of education and training within its ranks. It was decided, moreover, that any member who should employ an assistant who had not graduated from a recognized osteopathic centre should be crossed off the register. The Association also kept in close touch with the affiliated colleges, thus safeguarding the level of instruction and preserving its standards.

* At Kirksville, the parent college, a four years' training is required. If the student has had two years' University study of biology, chemistry, physics, etc., before beginning the osteopathic course, Kirksville accords him a B.Sc. degree on the completion of the four years. In accordance with State laws some colleges require one or two years of university training before beginning the study of osteopathy. In any case, however, the period of study in American osteopathic colleges is in line with the minimum requirements of the ordinary medical schools.

Once established, osteopathy took a firm hold in America, and the old frontiersman must, on occasion, have been surprised at the size and power of the puny little infant he had fostered in the early days. But to the end he remained a simple, God-fearing soul, entirely free from prejudice, and ready to discuss new ideas, though firm in his unalterable faith that, kept in a state of perfect mechanism, the healing powers of the body can resist disease. But always he insisted on the importance of guarding against any imitation of treatment on the grounds that successful in one case it should prove so in another. "Let us not," says he, "be governed to-day by what we did yesterday, nor to-morrow by what we do to-day, as day by day we must show progress . . . we must avoid the dust of habit."

I like that phrase. It is the dust of habit which has clogged so many fine mentalities, which argue that because a method was effective last year or last month, it must remain potent to-day. Alas, how the dust of habit has settled in the average medical mind, so that the thick coating of obscurity seems to have blunted both the perception of failure and the desire for research.

A young friend of mine had suffered for years from headaches and eye-strain. The family doctor dosed her with iron and more iron, the diagnosis being general anæmia, but the symptoms grew worse and worse, culminating at last in sudden terrifying fits of giddiness, when, as she expressed it, "everything went round." This would happen if she bent her head forward or back, or turned quickly either in bed or in the street. The attacks grew more violent until she was afraid to cross the road for fear of falling

under the traffic. The doctor still prescribed iron until the poor girl, fearing a structural defect, went to a Harley Street surgeon, who said that she had something wrong with the semi-circular canals of her ears and counselled necessarily painful examination. She rejected the idea and wearily went to a nerve specialist who gave her sunshine ray treatment for six weeks with no result. In all, she consulted eight doctors, none of whom were able to help her, none of whom were even able to tell her from what she suffered.

At last she met a young and intelligent Anglo-Dutch practitioner who kept in close touch with medical happenings all over the world.

"You are suffering from anæmia of the liver," he said. "Iron is worse than useless, sunshine ray absurd. What you need is an injection of liver extract every day for a month, and once a week for two months after."

The remedy worked wonders. But it was only just in time. My friend was on the brink of pernicious anæmia, which, however, had manifested itself in an unusual way beyond the ken of the stereotyped medical mind.

I shall never forget the consulting-rooms we visited. My eager queries to each of the eight orthodox: "But what *is* wrong? Why does she go round?" and the repetition of the foolish prattle—"general anæmia—take iron—semi-circular canals—try aural examination: debility of the stomach, take more iron—something wrong with the optic nerve. . . ."

And all the while it was the mechanism of the body that needed readjustment by natural food . . . a course of liver injections stopped the giddiness and put the patient right.

In the practice of all professions or arts there is, we know, a percentage of duds. But in the case I have described it was not the individual capacity that was lacking but the fundamental medical diagnosis that was wrong. It was not the *cause* but its effects the doctors observed. The symptoms were mistaken for the disease. . . .

Dr. Andrew Still had a long life of work and effort. He laboured to the last, his mind as keen, his faith in God as fervent as in those frontier days when snakes and Indians were everyday incidents and death from smallpox, cholera and typhus dogged every man, woman and child. It is given to few to see their dreams come true but in his old age he beheld the débutante New Healing accorded pride of place beside the dowager of orthodoxy in universities, hospitals and schools, her upstart birth forgot; and in this, as in much else, the fine old man was blessed.

But though he had accomplished much in his own country, the world as a whole had yet to hear of his discovery and learn his name.

It was left to one of his most brilliant pupils to take up the fight over here, and how and why he brought the good news from Kirksville to Britain I shall now relate.

CHAPTER III

THE MAKING OF A PIONEER

WHAT Andrew Still succeeded in doing for America, Wilfrid Streeter set out to accomplish over here. The fight of man against circumstance, the huge Goliath that has so often crushed an intrepid David, is always inspiring ; but the story of the struggle for osteopathy in face of the big guns of entrenched medicine, has a character and interest of its own.

Wilfrid Streeter did not lightly adopt the tenets of the new healing. His faith was forced upon him. That, and the spirit of curiosity and adventure which took him through some bitter phases of life, give his work a curiously personal value. I have been sufficiently interested in his work to try and discover the manner of man he is. In conversation with his friends, his staff, and his patients, I have gathered a good deal of information about his early origins—enough, at any rate to form a picture of him in those formative years when character is moulded. This picture as I see it may help to explain the militant quality of his faith in osteopathy, a faith that has made him fight for its recognition as a scientific theory of health and disease.

His people sprang from the stock that founded New England, and the same qualities of endurance and renunciation, toughness and courage which marked those old pioneers, find expression in their descendant's fight to-day. The first beginnings of this man who was brave enough to challenge entrenched position

and power, and clever enough to shake both, are significant.

He was born of a deeply religious mother and God-fearing father in Sturbridge, Massachusetts, U.S.A. Later the family removed to the town of Worcester, a centre of business and education in that State.

A New England home fifty years ago still preserved many of the Puritan traditions brought over by the Pilgrim Fathers. Life was real and earnest and the hunger for amusement, the love of dress, the taste for strong drink with other vanities of the flesh were suppressed if they could not be eliminated.

The Lord's Day was the apotheosis of discipline. Divine Service in the morning and in the evening, the study of the Scriptures and a cold meal rounded the long hours. Laughter was hushed and young voices keyed to a solemn note. Those couples who, greatly daring, wandered in the woods and meadows between the services were all but ostracized, and to pay a social visit on the Seventh Day meant excommunication.

It is probable that the ungodly did not wholly confine their Sabbath reading to the Bible or the edifying discourses of divines enthused with the doctrine of hell fire for all backsliders, but the most eager consumer of secular literature had to enjoy it in secret.

The Pillars of the Elect endeavoured to uphold this banner of the ideal on the secular days of the week. Tobacco was not encouraged, and expressions of affection—even a chaste kiss of salute—were confined to the bosom of the family.

And yet those gaunt unyielding men and women

command a queer respect. The very qualities that made them bar the most innocent amusements had given their forebears strength to carve out fair, prosperous homesteads from the wilds and guard them from attack. Character—which to me means resistance—was the keynote of the descendants of the Pilgrim Fathers and character remains the salient quality of New England to this day.

Wilfrid Streeter tells a story of old Doctor Still, which shows the pride of race cherished by the New England people. He was always insisting on the difference between Yankees and white folks.

“Aren’t Yankees white folk?” asked Wilfrid.

“There’s a world of difference between us Yankees and the others,” said the old man. “We Yankees can tell the family we belong to, we can trace our ancestry both staff and spindle side, father’s family, mother’s family, ’way back to the *Mayflower* pilgrims and beyond. Mere white folk haven’t any ancestry to trace.”

In such an environment Wilfrid Streeter was reared. His native town, Worcester, had a population of 50,000, and as it was still growing Streeter *père* had a good business as building contractor. But though there was no lack of money, the household was run with meticulous frugality. The family recreations were Foreign Mission Meetings and Temperance Reunions. The four boys, of whom Wilfrid was the youngest, loved to listen to the adventures of the missionaries, and quickened to their stories of danger and hardship in those far-off fascinating lands. Wilfrid, indeed, drinking in these travellers’ tales, developed a hunger for exploration, and decided that somehow or other he would cross the seas and visit the beautiful

perilous places revealed in the magic lantern slides that illustrated the addresses.

The Temperance Meetings were not so intriguing, though, for his mother's sake, he dutifully joined the Band of Hope, or its American equivalent, and vowed at the tender age of seven to abstain from intoxicating liquor in any form !

The fear of "liquor" in Worcester was second only to that of hell fire, and so convinced was the head of the Streeter family of its pernicious influence that he prohibited the use of cider—even for mincemeat. His wife we may be sure, glowed with fervour at the abstinence.

The house, double-fronted with wide pleasant windows, looked on to well-kept grounds with a big orchard beyond. The old apple trees used to bear prodigious crops, and in the garden flowers lifted their sweet faces the year round. Mrs. Streeter had those same growing hands that her son inherits, and plants and trees and all young things responded to her touch. The birds, quite unafraid, would flock together at her call, taking the grain from her fingers, perching gently on her head, her shoulders, covering her in a flurry of soft wings. They came to her, these feathered people, when they were hurt or maimed, and with tender skill she would set a tiny break or dress a wound. Her youngest, watching with eager eyes, learnt to understand the delicate finesse that lies in the trained touch. She taught him also that normally all living things are healthy and that physical ills and deformities are the result of bad conditions or accident. She used, this simple loving woman, to pray each day that she and those nearest and dearest might remain as God made them—healthily normal.

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At night the family went early to bed, the silence of the house broken only by the noise of the tree-toads that croaked through the summer night, forming an odd accompaniment to the small boy's dreams in which he sailed the distant seas and cured strange animals of queer hurts.

And so childhood passed, simply and happily, and the boy became a serious-minded youth, secretly very proud of his promotion to a co-educational school. He took his share in baseball, and the ordinary school games, but his ambitions were not athletic. True to his first love, he ached and pined for travel, and in imagination saw himself in the midst of storm and stress shipwrecked on a bleak island. In default of the sea, he had secret thrills on an Indian pony which he occasionally rode to his grandparents, right out in the country, wonderful gallops in which he imagined himself a settler fleeing from pursuing redskins, a paleface who at any moment might be captured and tomahawked.

Grandmother Redding, an exquisite little lady, who wore enchanting lace caps, dainty aprons, and black mittens, adored the boy. Over hot doughnuts and coffee, she would listen to his unbearable longing for the sea. She did not argue or reprove, but with the beautiful tolerance of age and experience at their best, smiled and sympathized.

And then at fifteen the sea fever reached a dangerous pitch, and Wilfrid informed his people that he wished to be a sailor and please could he enter Annapolis, the naval academy.

But the family had other views. They wished their son to become a doctor, and dismissed the Annapolis idea as mere folly.

Another difficulty was that admission to Annapolis was only by the nomination of a Senator or member of the House of Representatives or through an appointment by the President of the Republic itself. Through family influence Wilfrid could have obtained a Senatorial nomination ; by himself he was helpless. It was quite impossible for him to try any avenue of approach other than the family.

And so he abandoned the dream of entering America's naval academy. But the lure of travel and adventure remained ; he gratified it in the traditional way beloved of every boy—he ran away to sea.

Late one night, when he was supposed to be in bed, and the tree-toads were in full song, he crept to the stable and saddled the pony, and with beating heart and a change of clothes rode out to grandmother. He arrived in the early dawning, and fearful of disturbing the little lady spent the rest of the night with the pony in the stable.

Grandmother was delighted to see him ; she asked no questions and expressed no surprise as to his early arrival, but heaped his plate with fried ham, buckwheat cakes, and all the good things she could think of. Grandfather asked no questions either ; I gather that in the affairs of everyday life the little lady was the active partner. Only in matters of Church conduct and the upholding of Puritan ideals was her husband supreme—and not always then, as some years later he discovered.

Wilfrid announced that he was on his way to sea. He volunteered no information as to his parents' attitude, and none was requested. It was decided he should proceed on his journey that afternoon, and grandmother proceeded to pack up a huge tuck

hamper and arranged transport to the nearest railway station.

His first voyage was not, alas to a magic island—that ideal had a nasty bump—and he found himself bound for Havre and Liverpool. But it was a jolly life with good food and not too much work, and he grew hard as nails and acquired considerable sea-craft, though the most important lesson he learnt was to keep a civil tongue in his cheek in the most trying circumstances. “That,” he once said, “has stood me in good stead all my life.”

But romance utterly died out of the picture, although he was aboard a full-rigged sailing vessel. The sheer monotony of the sea and nothing but the sea took the place of those variegated dreams which to the uninitiated surround the ocean. In the old days of sailing vessels, life must have held marvellous thrills. Pirates were all in the day’s work, with the prospect of loot and the discovery of buried treasure. Now, sea-going is a steady affair with small pay and short leave, and with only the chances of a storm to set against the daily round of regular meals and sleep and hours of duty. I have never met a modern merchant sailor, officer or man, who liked his job or felt enthusiastic about its possibilities. The deep ocean of mystery has lost allure, and only the very young seem to sense its attraction.

Wilfrid Streeter’s training ended in a year. Those months of complete separation from home, the consciousness that the future held only the repetition of the same routine, month after month, set up a reaction. Young, ardent, imaginative, he still yearned for adventure, and having experienced the limitations of one world, he longed for another. He left the

ship and went home, where, like a true prodigal, he received a royal welcome.

For the next few years a comparative calm set in. He went to a public school and finished there at nineteen. It was then that he harked back to another of his boyish ideals. Love of travel for the moment had been satisfied. He became keen once more on mechanics and entered the Worcester Polytechnic Institute, where for a year he thought and breathed and lived his profession.

But the end was not yet. This particular pioneer had still to find his *métier*. He decided quite suddenly that he could not devote his life to machines. He had realized that deep down he wished to be a healer, and so after the period of consideration enforced by his parents, he fulfilled their fond ambition and decided to go in for medicine.

One may imagine the joy of the woman who since his birth had planned for him to be a doctor, the satisfaction of the father, and the queer little smile with which the fairy-godmother of the lace cap received the news. I doubt if she believed her grandson had made his final choice. She recognized in him the same questing spirit that had dominated her. Eager to experience, to branch out, to test every conclusion and analyse every belief, her sex and the time in which she lived had curbed her temperament, but all the years she had spent in a narrow community, hedged in by petty convention and small prejudices, had not clipped her wings. One story of this charming little lady paints her, for me at any rate, in fadeless colours.

Years after Wilfrid had left his native town and founded a successful practice in Great Britain, he

went home for a look at the old folks. By this time it was known that he had shed many of his youthful prohibitions. He smoked occasionally, played cards, even drank wine. The little grandmother made a fête of his visit, and gave a luncheon party. When they entered the dining-room his quick eyes sighted an unfamiliar object on the sideboard. There, cheek by jowl with lemon water and milk, stood a bottle of claret. Moreover, the cork had been withdrawn.

"Pour yourself out a glass of wine, my boy," said the little lady, quietly, "and give me one too."

Solemnly and obediently he followed the behest, conscious of the agonized glances of grandfather, aged ninety-four, and Uncle John, the youngest of the family, aged sixty.

The little lady sipped her wine with an appreciative palate.

"And please, my dear boy," said this amazing person of ninety-two, "give me one of your cigarettes. I've always longed to know what it was like to smoke and now I mean to."

The room was hushed to tomb-like silence at the daring words. All the puritanism of past generations seemed to well up in poor grandpapa.

"Abigail!" he shouted, "Abigail, *think*."

"I have, my love," she said, and waited for Wilfrid to strike a match.

"Abigail," wailed the old man, "think of the example you are setting your children—*Abigail*!"

But Abigail only smiled and puffed whilst the sexagenarian son John, most docile of her children, horrified and fascinated, looked on, and grandpapa groaned.

"I like it," she said as she finished her smoke.

"One should never be afraid of new experiences. . . ."

It was at Brown University that Wilfrid Streeter studied for the degree necessary to his entrance to John Hopkin's University Medical School. It was at Brown University also that he first heard the magic word Osteopathy.

Professor Bumpus was dealing with the spinal column and, specimen in hand, was describing its structure. In the course of his remarks he disparaged osteopathy as a theory of disease based on malposition and disalignment of the vertebral column.

The word osteopathy was so new to Wilfrid that he was not sure he had heard correctly, and after the lecture asked the Professor whether he had got the word right and what it meant.

This, however, he did not discover until much later.

Meanwhile, another incident occurred to enlarge his knowledge.

At baseball practice his peg shoes slipped and he fell crash on his knee. In hot haste he went to a doctor who shook his head, prescribed rest and liniment and prohibited all exercise. The treatment, faithfully followed, gave no results. The knee remained crooked under pints of liniment and hours of inactivity. A change of adviser brought no better results and for many weeks the poor boy went about on crutches. The effect was devastating. It was not only the physical consequences of the accident; the pain, the lassitude, the haunting fear of permanent lameness were a spiritual hurt as well. He had built so much on medicine—but how could he pin his faith on a system that could not restore a crippled knee?

Utterly depressed and torn by conflicting doubts,

he grew morose and unsociable, until a fellow student, in an effort to rouse him, suggested a visit to an osteopath. Wilfrid was in a state of mind familiar to many others. Knowing nothing of osteopathy, he caught eagerly at the chance of consulting a man who had already relieved hundreds. The first treatment helped him inexpressibly and a few weeks later he threw down his crutches, able to walk, able to move easily, simply, once again. No drugs, no liniments, no bed—only the manipulation of healing hands which had readjusted the mechanics of the body, restoring its normal structure.

The experience haunted the young man. Externally happy and content, he attended lectures, studied anatomy and passed examinations; but interiorly he was restless and dissatisfied. What was osteopathy? The question eternally demanded an answer. Why had medicine failed where osteopathy had succeeded? The ferment in his mind came suddenly to a head. Wilfrid's life is like that—periods of interior doubt and agitation suddenly end in decisive acts.

It is typical of the young man that, determined to satisfy his curiosity, he should have gone to Boston to study osteopathy. For the next three years, however, he worked in the Medical Schools as well, and as a natural result found himself in a state of mental turmoil torn between the conflicting claims of medicine and the New Healing. He felt he must choose one or the other—osteopathy won the day.

The decision took him to Kirksville, the American School of Osteopathy, as it was then called, where Doctor Still was actively teaching.

And so, with great regret, his long-suffering parents

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learned that he was unable to become a doctor and that henceforth his goal was osteopathy.

The information created considerable annoyance, not to say consternation. What next would he want to do? From osteopathy he might decide to go on to architecture, the Church, cow-punching—he had already started three callings, what was to prevent him embarking on half a dozen more? His brothers, good, steady young men, had already settled into their respective vocations—what was to be done with this mossless rolling stone?

At the finish, however, as usual he got his way. Abigail of delicious memory undoubtedly played her part as mediator and after a really unpleasant domestic time, father and mother came to heel and Wilfrid was allowed to complete his course of training at Kirksville smoothly and contentedly.

At last the pioneer had focused his will, his talents and his enterprise, all his qualities of mind and body; the quick perception, the trained touch, the hunger for discovery and experience, were united in a flame of fervour for the New Healing.

And then quickly, almost abruptly, he found himself, after ten years of educational experience, which included a three years' medical course, a fully-fledged practitioner.

Wilfrid Streeter finished his studies at Kirksville in 1906. At that time osteopathy was recognized in certain States only, each State, according to the Constitution, having the right to make its own internal laws. While at Boston and afterwards at Kirksville, Wilfrid Streeter was always in the forefront of the battle for securing legal and other rights for osteopaths. He demanded that students should have facilities for

dissection and that qualified practitioners should have equality of status with medical men. He was so far successful that eventually he became chairman of a legislative committee set up by the osteopaths of Massachusetts which secured an amendment of the law governing the practice of medicine in the State. This law forbade any person to practise without the authority of the Board; the amendment included osteopathy with medicine. For many years indeed the secretary of the Board was an osteopath. There was indeed, a steady move in favour of recognition and registration throughout America and, the new recruit realized that, in a comparatively short time, there would be but few strongholds of orthodoxy in his own country left to conquer. But, as it seemed to him, the art of osteopathy was of universal importance and, like his missionary forebears, he burned to spread the truth in foreign lands. His thoughts and hopes turned to England. He longed to bring back to the country of his Puritan ancestors the message of hope that had sped them to the New World.

And so, soon after he left Kirksville, the young man set sail again—on the voyage which brought him to Britain to start pioneer work in osteopathy. Towards the end of his course one of his colleagues had urged him to cross the Atlantic so that together they might start practice in England. This colleague was Doctor L. Willard Walker, to whom I referred in an earlier chapter.

But the time was not yet. It was impossible to accept Walker's invitation owing to the serious illness of Wilfrid Streeter's mother. The move was only delayed, however—he crossed a year later, in 1907.

Father was dubious; the family superior—it was

just another of Wilfrid's wild ideas. But Abigail smiled and, I feel, secretly rejoiced. All that in the long ago she had dreamed of doing, her darling scapegrace was putting through. She loved his triumphs and his set-backs, his flaming and unconquerable zest for a fight.

He had need of all his zest in the months that followed. Osteopathy was practically unknown in England in 1907. Bone-setters were accorded a certain status outside the medical profession, but within the ranks of that august body they and their methods were simply ignored.

It was a long time before I learnt to understand the difference between bone-setting and osteopathy, and as it seems probable that my ignorance is shared by others, it may be useful to explain the essential differentiation between the two. During the early part of the nineteenth century—long before medicine was a legalized art—there were many country districts without trained surgeons, so that fractures, dislocations and sprains were often attended to by persons possessing a rudimentary skill, known as bone-setting. These practitioners had no opportunity of acquiring a knowledge of anatomy, but conducted their operations by a kind of instinct developed by years of practical experience. The gift in many cases seems to have been hereditary; Sir Herbert Barker, for instance, claims a collateral connection with a family famous for their skill in bone-setting. Bone-setting, however, as its name implies, is concerned with the treatment of an injured limb. In many cases patients whom the medicoes could not help were cured by the bone-setter largely because the latter, in addition to healing hands, prescribed movement

and activity where the doctors insisted on inaction and rest—prescriptions which inevitably bred adhesions and consequent loss of power and movement.

Osteopathy, as Dr. Still defined it, regards structural defect as the predisposing cause of most diseases—therefore, though osteopathy may include bone-setting, bone-setting cannot take in osteopathy. The whole is greater than the part.

Osteopathy, however, was as a voice crying in the wilderness, so far as London was concerned, as our young pioneer discovered. His predecessor and fellow-student, Walker, after two years of penurious striving, had retreated from the Metropolis. London is not easy to win. She must either be besieged long and patiently or taken by storm with considerable blowings of trumpets and playing of shawms. Walker sat and waited, and waited and sat, but patients did not overwhelm him and finally a severe financial crisis ended the chapter. His exchequer was quite exhausted and he feared that even the sacrifice of the furniture might not meet the rent. So acute was the pressure that, dreading lest the mascot of the establishment—the osteopathic table brought over from the States—might have to go, Walker removed it secretly and by night to a railway cloak-room, where duly folded and packed, it was collected by the owner *en route* for Scotland where in due course he was joined by Wilfrid Streeter.

CHAPTER IV

THE NEW HEALING COMES TO STAY

THINGS moved quickly in the northern city. The waiting-rooms at 255 Bath Street, the Harley Street of Glasgow, were always crowded. A vivid description of No. 255 was given to me by one of Mr. Streeter's patients :

"The first thing that struck you there, was the homeliness and comfort of the place," said he.

"There was none of that chilling atmosphere which reminds you of the dentist's. A bright fire blazed in the grate ; there were pictures, rugs, flowers and up-to-date illustrated papers and you were greeted by a comely body with a soft voice and a motherly manner.

"Marion, Mr. Streeter's factotum-in-chief, was known in Glasgow, Dublin and Belfast, three centres that reacted swiftly and eagerly to osteopathy. Her fame even spread to London with that of the man she guarded like a watch-dog. You couldn't get past Marion. If a patient dared to hint that Mr. Streeter was a little late for an appointment, Marion would say in her pleasant Scots voice and with a complete air of conviction : 'He's never late—something must have kep' him !'

"When the great man did arrive, he got busy straight away. A number of rooms opened from the entrance hall, and each room had its osteopathic table.

"‘You’ll be taking off your coat,’ Marion would say, ‘and just loosen your collar and maybe sit awhile till he’s ready.’

"From one room to the other, from table to table Streeter went—examining, treating with a swift certainty of diagnosis and of touch.

"He never asked what was the matter. You hadn’t to tell him your symptoms, what you felt and thought, how you slept and all the rest of it. You were on the table in a flash and his hands had found the weak spot before you realized what had happened.

"I did not go to Streeter from enthusiasm," he continued. "I went as a last resource, disbelieving and inclined to scoff. After years of health and strength I had suddenly crocked up. I went to ever so many doctors. The whole of Harley Street, it seemed to me, had been concerned with my case. They all said it was heart and I got an impression I hadn’t very long to live. I went to Glasgow, as I told you, full of incredulity.

"‘I don’t believe you can do anything for me,’ I said to Streeter.

"‘I’m glad of that,’ answered the impudent young man.

"He was slim as a lath in those days with an answer for everything and everybody. ‘I’ll tell you why,’ said he, ‘it will make my triumph all the greater’—well he *did* triumph. There was nothing wrong with my heart; it was just a case of maladjustment which he put right in a few spinal treatments. And here was I with a new lease of life and the fear of sudden death removed from me.

"I was only one of hundreds," he went on. "Every-one knew Streeter in Glasgow. There was never any

need to give a cabbie his address. You had only to mention his name, and you were driven right away to 255 Bath Street."

That wasn't the only case the patient quoted. I had been talking of the apparent impasse of the medical profession in regard to insanity, and wondering why distinguished alienists so seldom seem able to link up a state of mania with a physical cause that might yield to treatment.

"But there *is* a treatment," said he ; "listen while I tell you. There was a young man I knew, steady, long-headed, much liked and esteemed by his employers and with a good future before him. Suddenly he became queer, and moody, had strange fancies and occasional outbreaks of unaccountable rage and violence. Things grew so bad that he was certified and put in an asylum. There was no madness in his family and it was a mystery as to what could have sent him off his head. His chief was terribly concerned about him and visited the asylum many times. The reports were bad—fits of melancholy, fits of violence : the unhappy creature was regarded as an incurable lunatic, only kept under by the usual drugs. It was a sad affair all round. His family were not rich and the asylum fees were a drain on their resources. Now his chief knew of what Streeter had done for me, in the face of orthodox failure, and he asked if I thought the young man would have a chance under osteopathic treatment. I suggested he should go to No. 255, and an appointment was fixed up. When he came in that waiting-room even Marion was a bit alarmed, but, once on the table under Streeter's hands, he grew quiet and docile. The poor fellow seemed to understand that he mustn't

fight. . . . Well, Streeter gave him back his reason.

"The young man was cured," the patient went on. "You'll realize how completely when I tell you that he was reinstated in his old job, that he married a charming girl, has one child and there has never been the least recurrence of the mental trouble. . . ."

Here again I was in contact with what, as an ordinary individual, had always worried me—the complete acceptance of insanity by the majority of doctors as an arbitrary condition of the brain without considering the possibility of a determining cause elsewhere in the body.

Osteopathic methods were first used on the insane in the United States twenty-one years ago, when Dr. Still and his colleague Hildreth founded—for mental diseases—the Still-Hildreth Sanatorium in Macon, Missouri. All sorts of cases were accepted, including those unhappy creatures who for years had been locked away. The results were astonishing, some of the worst forms of mania yielding to osteopathic treatment. Prejudice prevents a similar attempt being made in this country. Only the orthodox may run a mad-house—so-called, I always feel, because the inmates remain "mad." . . .

Meanwhile, together with exceptional experiences, the more ordinary cases of sickness and disease came to 255 for treatment in increasing numbers, not from Glasgow only, but from England, Ireland and Wales.

By this time Mr. Streeter was on his own. Dr. Walker had returned to the States, though he was making a good income and establishing a large practice. He was what one might call a prospector

rather than a pioneer and, having sampled London and Glasgow, went back to his native country. Mr. Streeter, however, remained. He had got his teeth into a knotty problem—how to ensure a legal status for osteopathy in Britain, that would once and for all prevent the unqualified from practising on the unfortunate public, and once Wilfrid Streeter takes hold, nothing will make him let go till he has achieved his point. Osteopathy even then had its imitators and parasites. “Healers” appeared, unqualified and untrained, labelling themselves osteopaths and the rest. With a smattering of jargon and without instruction or reputable degrees they preyed on the credulous, often with dangerous results.

When I first learnt of osteopathy I did not understand the number and the danger of its imitations; for this reason, and because I feel it really important to realize why osteopathy should be given State recognition, I think it desirable to explain what chiropractic means. It has been described as “the first three weeks of osteopathy,” inasmuch as it is based on one tenet only, i.e., the curative value of manipulation of the spine, without taking into consideration Dr. Still’s rule of the artery, viz.: “Find the cause of disease in some anatomical lesion which affects the nerve which controls the blood flow, repair that lesion, and the blood itself will work the cure.”

This the chiropractor ignores, preferring to centre his creed on preserving what he calls the “innate intelligence” of the body.

Osteopathy, however, when Mr. Streeter opened his campaign, was still generally unknown, and he realized that, before it could hope to secure legal

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status, its claims for recognition must be widely recognized. He did not embark on a huge scheme of national publicity, however, but started by educating Glasgow as a whole. The people of the city, he decided, of all classes and ages, must know the benefit of the New Healing, and he resolved that those who could not afford to pay fees should be treated free. Especially was there a need, in his judgment, of an osteopathic clinic for the deaf. For years he had been very keenly interested in the group of ailments connected with the ear, nose and throat, and had specialized in the diseases of these organs and their treatment by constructive finger surgery. This particular method, which eliminates the use of the knife, is one of the points of attack by the orthodox. Controversy has raged round the subject in all the technical and many of the popular journals. A specific challenge on the possibility of operating by the finger was thrown down by Lord Dawson of Penn at the inquiry heard by a Select Committee of the House of Lords on the occasion of the Osteopathic Bill. This particular incident will be dealt with fully in its proper place. I mention it here as defining at least one of the many fundamental differences between the old school and the new.

It was not a sudden impulse that made the Glasgow osteopath decide on an active crusade for his belief. To quote his own words : "For many years I was content to pursue my personal practice without being conscious of any imperative obligation to interest myself in propaganda and education on behalf of my chosen calling, but it appeared to me that it was necessary to demonstrate the osteopathic technique in its most highly developed and specialized form, in

order to show that it was much more than an empirical treatment of bone troubles . . . to show that osteopathy was as effective in dealing with diseases of the eye, ear, nose and throat as with the disorders resulting from the more obvious compartments of the body's structural integrity. And, to call public attention to osteopathy as a new system of healing, I decided to demonstrate with special reference to deafness."

More than any other disease, perhaps, deafness is tragically anti-social in its effects. A deaf person is definitely a conversational burden. A recent report of the National Institute for the Deaf states that nearly one-third of the adult population of Britain suffer from some defect in hearing and forty thousand of these have been deaf from birth or early infancy. This being so, imagine the excitement and agitation caused by the demonstration of a treatment which suddenly and startlingly made the deaf hear.

Mr. Streeter was assisted by Dr. Snyder, an American osteopath, who had specialized in the cure of ear troubles by finger surgery. The patients who presented themselves for treatment were far too numerous to deal with at a sitting, and a careful selection had to be made from the applicants. Each one was tested as to their degree of deafness, after which an anæsthetic was given, and, in full view of the audience, the operation was performed. This took the form of the removal of the adhesions and obstructions in the eustachian tube of the ear by the operator's fingers—"in contradiction of the orthodox method of trying to clear a passage by means of a flexible wire and bulb which eventually spreads the infection, damaging the delicate aural mechanism."

The results, as a member of the audience told me,

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were staggering. People who, before the operation, were not merely stone deaf, but blind deaf—unable to understand the simplest words even when illustrated by the actual objects—after treatment could hear quite plainly at a distance of fifteen to twenty feet. As Edgar Wallace, always on the look-out for new ideas and fresh definitions, insisted : “Osteopathy . . . is logic.” In other words, an obstruction in the eustachian tube blocks the hearing—osteopathy removes the obstacle and the passage is clear—and this without the use of the knife or any surgical appliance—merely the sighted fingers of the osteopath.

Public interest rose to fever heat, and the deaf from all over Scotland crowded for treatment ; the Press published reports of the sitting with long accounts of the cures. So unprecedented was the general interest that the time seemed ripe for an attack on London and the two osteopaths arranged a similar demonstration at the Hotel Cecil in the Strand. The best account of these impressive undertakings appeared in the *Manchester Guardian* of August 21st, 1924, from which the following is taken :

“In each case the hearing was proved better than before the operation. The best result appeared to have been obtained with the patient who had suffered deafness for six years. Before receiving attention from Dr. Snyder the hearing of one ear was limited to a range of only two inches. After the operation he confessed to hearing a faintly clicked acumeter at a distance of thirty-one inches.”

The result of these experiments was twofold. In the first place, they induced Wilfrid Streeter to leave

Glasgow and start practice in London—which, as the centre of the Empire, was the essential point of his crusade. In the second, an even more important consideration—the publicity and general welcome resulting pricked the medical profession from apathy to open antagonism.

At last the lists were opened and the protagonists of the bed and bottle school joined issue with the healing of to-day.

A long discussion was opened in the medical and the general Press, the faculty generally adopting a tone of warning against the drugless, anti-knife school. The public, on the other hand, inundated Mr. Streeter with letters, begging him to consider them for treatment. Rich people, and those of social standing asked for appointments, eager and clamorous to be cured. But there were others, workers with little money and meagre wages, who pleaded for a course of treatment within their limited means. Others, again, without any money whatsoever, entreated that they might be given healing.

"I could not refuse them," said the osteopath. "I just had to help, and so I started a clinic at Bush House, in the Strand, on the lines of the one in Glasgow, where patients who could not afford to pay could get such attention as I could give them single-handed."

And then the rush began. Gone for ever was the era when osteopathy was limited to the informed few. In the first ten days 1,600 patients applied at the free clinic, and letters poured in from all over Europe and from all sorts and conditions of people. Dr. Snyder had been obliged to return to America, and there being no one else available, Mr. Streeter had to cope with the human flood single-handed. For three,

four, and sometimes five days a week he worked early and late, wedging his private patients in between as well as he was able. But even an osteopath has his limitations, and as week followed week, and month grew into month, the strain became too great, and it grew necessary to discriminate between the applicants. From each day's mail a selection of patients was made. Poor souls, they came by train and bus, on foot and on crutches. Some of them arrived penniless and without food or lodging, but none were sent empty away. But it was not only a sacrifice of time that was called for, but a big expenditure of money. The clinic cost a hundred pounds a month, and the inevitable curtailment of private practice consequent on the long hours given to free treatment made it impossible to carry on permanently. Twenty to forty patients were treated every day, and still the number grew and grew. The tragic necessity for an organized effort for the osteopathic treatment of the deaf became glaringly apparent. But the burden was too great for one man, and at the end of a year, overstrained and overworked, on the verge of a breakdown, he had to give up and the clinic was closed.

Here I feel something has to be said on the condition of the deaf in this country. While their education in special schools is compulsory, nothing is done to meet their needs after school age. Even the National Institute, though it affords educational facilities, has never even considered or examined the osteopathic method of cure, nor have the governors permitted a practitioner to demonstrate. And yet it has been shown before unimpeachable witnesses that hundreds of men, women and children have been given back a sense of sound, and cases dismissed as hopeless by

medical practitioners have been cured by finger surgery.

Unable to controvert the facts openly demonstrated at the clinic, the General Medical Council delivered a rear attack. It will be within the memory of some of my readers that the Council had already inflicted the heaviest penalty within its power—that of de-registration—upon Doctor Axham, the medical man who consented to administer anæsthetics for a famous bone-setter. An unqualified man, under the law, may administer an anæsthetic, but should the patient succumb under its effects, a prosecution for manslaughter will almost inevitably follow. A registered medico, however, who administers chloroform, is immune from any legal consequences even should the patient die.

This being so, no one will be surprised to hear that Wilfrid Streeter had an almost insuperable difficulty in enlisting the co-operation of registered doctors. At last, however, he succeeded in finding a courageous man who preferred to defy the Council and risk expulsion rather than refuse help to the poor folk who filled the clinic at Bush House.

The Council, in regard to this particular member, did not take action. The publicity the demonstrations had secured was perhaps responsible. They did, however—successfully—warn off several practitioners before the doctor already mentioned took the risk of excommunication.

A letter from Sir Walter Runciman, published in the *Westminster Gazette*, shows the deliberate cruelty of this method of restriction. Sir Walter points out that he came to London especially to be treated by Mr. Streeter, cancelling a full week's engagements to

do so, only to find that he was precluded from operating "because no doctor dare act as his assistant." Sir Walter goes on to say that while the intention of orthodoxy to protect the public from quacks may be admirable, their forbidding a medical man to co-operate with other practitioners has the most deplorable results:—"Nine out of ten of the cases cured by Mr. Streeter and other osteopaths have been given up by orthodox doctors as beyond their skill—I myself am one who has failed to find relief from them."

But the law under the Medical Charter still remains unchanged. And any doctor who assists an osteopath, however highly qualified, is liable to be expelled from the orthodox ranks.

But while the Council continue to exercise this jurisdiction over the orthodox, they oppose the effort to discriminate between the quack who, without training or experience, sets up a practice, and the man who has taken his degree at a college of osteopathy after years of study and direct contact with disease.

The refusal by the Medical Council to debate the claims of osteopathy, or to admit the danger to the public through the lack of legal registration of qualified practitioners, is the more amazing in face of the experience and testimony of members of their own persuasion.

"You know the Central Hotel at Glasgow," said an old patient of Mr. Streeter. "I used to stay there when I came to Bath Street for treatment. I was coming down one of the corridors crowded with people arriving and leaving, when I recognized an eminent specialist. He was an elderly man with a keen face which, however, you rarely had a chance of seeing; he always

walked stooping—almost bowed over, as though his back couldn't hold up.

"Now what's he doing here?" I asked myself, and wondered if he'd come to Glasgow to see a patient. He stooped more than ever that afternoon, and I thought what a grand thing it would be if he could be induced to see Streeter. But it was an impossible thought—like offering the devil holy water.

"A day or so later, when I was on my way to 255, I saw the doctor coming out of Streeter's door. Moreover—he stood on his feet, and his eyes were shining. He sprinted to the tram like a two-year-old, and waved his umbrella at me in greeting. . . .

"No," said my informant, shaking his head, "he wasn't cured. He was suffering from an actual disease of the spine itself, which had gone too far to be permanently arrested. But he was helped—wonderfully. After his treatment, he was able to stand upright, and his general health improved so much that he lived for years. He never afterwards decried osteopathic treatment."

One of the most distinguished men of his day who, as a student, had swept all possible university honours, was a deliberate convert from orthodox medicine to osteopathy. The full story of Kelman MacDonald's change of heart and mind and recuperation of body is told in the minutes of evidence before the Committee of the House of Lords ; the gist of the matter, however, lies in this. After fruitless consultations with his colleagues, he went to Streeter. He was cured and converted, and in pursuit of his new-found faith went to the United States for a course of osteopathic training. He is still on the British Medical Register, though he no longer practises orthodox medicine,

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confining himself to osteopathy, thereby contravening all the shibboleths of the ancient order. The explanation of the Council is that any qualified medical man may, if he chose, take an osteopathic course and select from its methods such treatment as appeals to him.

The General Medical Council is indifferent as to whether a medical man undergoes osteopathic training. All they are concerned with is the maintenance of the five-year standard of training in medicine. And the Council would apparently be satisfied to let a registered medical man practice osteopathy without *any* preliminary study of its principles. Conscientious medical men wishing to practice osteopathy would, in effect, have to study for a minimum of seven years—five years' medical and two years' osteopathic course.

The difference between orthodoxy and osteopathy is insurmountable. The gulf is as wide and as unbridgeable as that which separates Fascism from Communism. It is as though Hitler should say you may practise as a Communist if you first become a Nazi, or that Stalin should welcome to the Soviet a Brown Shirt who still served under the Swastika. The general criticism of these two political systems is that neither will permit the other independent expression. This is precisely the attitude of the British Medical Council ; only those osteopaths who are on the Medical Register are recognized—and even then all credit for osteopathic principles are denied.

It is to me at least a terrible thing that an autocracy of this description should debar humanity from the advantages of Dr. Still's discovery. Men and women of independent judgment and informed intelligence refuse

to be hypnotized by professional mass opposition. They select their osteopath and accept his treatment. But the ordinary individual has to choose between forgoing the chance of cure or selecting a dangerous ignoramus.

And yet such endless possibilities are opened up by this new healing. I recall the dramatic story of a woman married to the representative of an old and distinguished family and the mother of four girls. She had suffered considerably from her confinements, and the consequent internal complications were acute. A consultation of surgeons and physicians was held, and the poor lady was informed that she must resign all hope of a son and heir, as her womb must be removed immediately. She was, however, a woman of character with a mind and a will of her own.

"I shall see an osteopath," she said, to the scandalized specialists. "I've heard such wonderful things about their cures."

Accordingly she consulted Mr. Streeter, who told her that if she gave herself up to osteopathic treatment for several months he would expect her to be quite strong and healthy. She agreed, and within the prescribed time found herself entirely normal. A year later—I have seen the telegram—she sent a wire announcing the birth of a boy—"the loveliest baby I have ever had!"

I do not suggest the assembled conclave of Harley Street experts were deliberately trying to engineer an operation, but I do say that they took the easiest way out—the knife. It is difficult, and I would say impossible to explain away cases like this, where women assured that an operation was the one and only

course available, have by osteopathic methods been made strong and whole.

And here I am moved to record a sad story of ignorance and inefficiency on the part of a general practitioner who, like the vast majority of doctors, treated effects instead of seeking the cause. A very dear friend of mine suffered over a period of two years from what the doctor called sciatica. The pain was so intense that she was crippled in her movements and could only drag about with difficulty. The man who attended her—he was held in great respect as a family practitioner—sent her to bed with turpentine fomentations and hot-water bottles. She did not improve, however, under these remedies, and finally her people felt that something more drastic must be done. Osteopathy had not then come within the family's ken, and she was dispatched to a hydropathic establishment where it was rumoured the Medical Superintendent had ideas beyond bed or bottles. He examined her thoroughly, when he stated that the pain she had suffered was due to pressure on the sciatic nerve, caused by an internal tumour. Had the doctor who had originally attended her known his job and discovered what was wrong, the tumour could have been dispersed. As it was, a major operation was essential. Apparently he had never sought for the reason of the pain, but had "treated" the effects by turpentine and bottles, sublimely ignorant of what was wrong.

It is so often women who have to pay the price of medical incompetence. A wife of forty-three with a grown-up daughter, was told by her doctor that she was suffering from an internal growth. He insisted on an operation. It was arranged that she should go

into a nursing-home, and the poor thing, apart from her dread of the knife, fretted at the cost the illness would entail.

"And yet, you know," she said to me, "I didn't feel ill. As a matter of fact I'd never been so physically fit, though of course my nerves were all unstrung at the thought of what was going to happen. And then, all of a sudden, I thought *why* should I be cut up? I didn't somehow believe in my heart of hearts that I need be. I remembered that five years after I was married my husband had hurt his arm, and in spite of what the doctors could do, it wouldn't get right, but pained him awfully. He had gone to an osteopath and after a few treatments the pain went away and never came back. I racked my brains to remember who the man was, and at last a name came to me. Yes, it was Mr. Streeter's. Without saying a word to my girl, I phoned him and went straight to his place. . . . Will you believe it?"—she looked at me, laughing and joyful, "before I'd been a minute on the table he told me what was wrong. 'You've got a growth all right,' he said, 'but it is not the kind you would wish to have removed by an operation, and it'll grow bigger and bigger for nine months. Then you'll have a baby.'

"'A baby?' I sat up and stared. 'But, but, it's twenty years since my girl was born.'

"'I can't help that,' he answered. 'It's a baby, not a tumour, and you'd better go to a gynæcologist and verify what I say.'

"'But I didn't do that. I believed him—right away. And here's the proof.'" She pointed to a pretty fair-haired boy exactly like his mother. "He's five years old now, and I've brought him up to Mr. Streeter

to have a look at his throat—he's always getting colds, and sounds quite stuffy. . . . You should have seen the doctor's face when I told him what Mr. Streeter had said. He just wouldn't believe it. He changed his tune, though, when I showed him the boy . . . and to think I might never have had him."

She grew pink at the recollection, and I was not at all surprised.

Against these cases, as I know them, I may be told of those who have suffered and been injured by osteopathic treatment. I have, indeed, listened to such accounts. Investigation, however, has always failed to reveal the exact standing or qualification of the practitioner, who may have been the type of osteopathic quack—without any training or scientific knowledge—whom the law lets loose on sick people, in the same manner as medical quacks used to be loosed before the Registration Act of 1858.

The danger of charlatanism as much as regard for osteopathy prompted the crusade for the protection of the sick. Mr. Streeter and his supporters have left nothing undone to bring home to the Press and to the people of this country the necessity for a reform in the law which allows the unscrupulous to prey upon the public. The majority are with them in the demand for compulsory registration of qualified osteopaths, but the unremitting hostility of the Council has barred the way to the protection of thousands of unsuspecting people who unwittingly seek the aid of dangerous quacks, not knowing the dreadful risk they run.

In the face of this resolve to hand over suffering and sick people to the glib ministrations of the untaught, it is idle to contend that the Council are opposed, on

philanthropic or scientific grounds, to the recognition of osteopathy.

It is fear and prejudice and that clinging to outworn forms which, far more than a matter of years, mark the old from the young. It is not only on osteopathy that the professional pundits shut the door—the evidence goes to show that they have fought every new theory of disease, opposed every pioneer of a new treatment from William Harvey to James Simpson. I am not making this statement without proof, as will be seen by the details of the amazing instances of prejudice and obstruction which I propose to narrate.

CHAPTER V

MEDICAL GENIUS IN THE PROFESSIONAL DOCK

CULPEPPER, that amiable medieval herbalist, must have been a shrewd psychologist. The mentality of the physician seems to have altered very little through the ages, and in the seventeenth, as in the twentieth century, departure from established medical procedure was regarded with the utmost suspicion. The best and surest way to secure the co-operation of antipathetic colleagues has always been to observe the form, even if the treatment changed its content. Culpepper undoubtedly introduced new and valuable additions to contemporary pharmacopœia, but he was always careful to sandwich his herbal simples in between such recognized means of healing as eye of newt, tongue of frog, skin of snake, and similar Macbethian ingredients, so that his innovations might not be seriously regarded.

The profession has always been die-hard in its attitude to investigation. Other professions, with the arts, while they have included a coterie of backwoodsmen pledged to resist the pioneer, have always had a keen minority, quick to appreciate new conceptions, fresh rhythms. Though crusted reviewers reviled Keats, and contested the authenticity of Shelley's genius, keen and adventurous spirits like Byron supported them. Medicine, however, as a whole, seems to have failed to react to new ideas. Jenner's discovery that dairymaids were immune from small-

pox, which led to the practice of vaccination as a preventive of the disease, had to plough a lonely furrow for years, and his specific was finally adopted in spite of, rather than because of, its success.

Later on, vaccination became an article of medical faith. Under professional pressure, newly-born infants, irrespective of constitution or temperament, were obliged to receive an injection on pain of a heavy penalty on the parents. It took generations of struggle before the laity were able to escape the law and preserve their babies from compulsory lymph.

Later, again, the idea based on the principle that an injection of tubercular serum might prove beneficial to a patient provoked another cataclysm to be followed by a fervent reaction in favour of the suggestion, so that hundreds of sufferers, quite unsuitable for the serum, were automatically treated and incontinently died.

Perhaps the most amazing example of medical conservatism, however, is the reception the faculty gave to what is generally considered the greatest single discovery in scientific medicine—the circulation of the blood. It is on record that Harvey's professional colleagues at St. Bartholomew's Hospital ignored the theory, and regarded the theorist as a dangerous quack, a belief which spread from the faculty to the general public, so that the great man's practice was all but wiped out; his patients, influenced by the professional boycott, could not trust him. He was not asked to explain his theory, which was never scientifically challenged, he was just opposed blindly, with all the obstinacy of an official view-point, too ossified easily to assimilate new ideas.

Galileo, we know, was excommunicated for dis-

covering that the earth moved round the sun, and only by recantation saved his skin. But Harvey was never even brought to trial by those who denounced him.

Medical memories, however, are very short, and it was not so long before Harvey was hailed as the bright star of research. All the same, for any help his confrères gave him in the way of recognition and publicity, he might have died poor and unrecognized.

It was not in Britain only that the pundits resisted change. A medical man in a recent magazine article quoted the case of an obstetric specialist who practised during the nineteenth century in Vienna. He reduced the death-rate of his patients during confinement by a simple innovation which aroused the greatest antagonism. In those days the germ theory had yet to be adumbrated, and students were accustomed to come to a case straight from the dissecting room, without washing their hands. Observation and deduction suggested to this particular physician that the high rate of puerperal fever in his ward might have some relation to this fact. Accordingly, he made his students wash their hands in a solution of lime, and the death rate fell from eight to one per cent.

Was the clever young physician applauded, was he asked to demonstrate the reasons for his belief in clean hands? Not a bit of it, he was regarded as a dangerous innovator, an upstart with revolutionary ideas.

Broken-hearted, bewildered, unable to withstand the storm of obloquy which broke on his devoted head, his nerve gave way, and he died in a lunatic asylum. This happened only eighty years ago. Quite recently a statue was erected to his memory.

In the seventeenth century a French surgeon dared

to depart from the recognized method of cauterizing wounds or the stumps left from an operation. The established treatment was by immersion of the affected part into boiling pitch—in order to form a scab and stop the bleeding. The experimenter, greatly daring, abjured the pitch, and tied the ends of the severed veins with thread. His method proved most beneficial to the sufferers, but excited the fiercest hostility of the bigwigs, who conducted a campaign of persecution against the iconoclast who had dared depose the most agonizing form of torture in favour of a more sane and reasonable method. That, I suppose, was his offence.

I sometimes wonder whether the average medical man, like his brother the tribal medicine man, believes in the efficacy of pain as an upholder of his prestige.

I know a very clever, up-to-date practitioner, who migrated from the East to the West End of London, where he told me he had had considerably to modify his methods.

“The people in the East End don’t think you’re helping ’em if you don’t hurt ’em,” he said. “And they wouldn’t give a fig for a bottle of medicine without a kick in it. The stronger the stuff the more they believe in it.”

It always seems to me that many doctors in dealing with their patients assume a protective colouring of mystery, in order to overawe any possible doubts or misgivings which common sense might suggest as to the prescribed regimen. Common sense, we must all agree, was totally eliminated from the old treatment of consumptives.

Fifty years ago the greatest stress was laid on the importance of the rigorous exclusion of fresh air from

the sufferer's sleeping quarters. The windows of the patient's room were never opened, no freshening wind was allowed to disinfect the disease-laden atmosphere. The unfortunate invalid had to breathe and re-breathe the same germ-infested air. An elderly woman horrified me once by describing the discomforts of her dead daughter's "cure."

"The room was always close and sickly. It used to overpower me when I went in to my poor girl of a morning! 'Can't I open the windows just for a few minutes, doctor?' I was always asking. 'I don't see how the poor girl can eat in a fug like this.'

"'Impossible,' he always answered. 'The great thing in a case of this kind is to maintain a steady temperature, the least breath of outside air might have the worst possible results.'

"I couldn't believe it, somehow. But what could I do? I daren't run the risk of going against a doctor's order."

These poor consumptive victims were never allowed to enjoy the sunshine and the soft breeze out of doors, or breathe in God's good air. The poor souls were compelled to wear a respirator over the mouth. This dreadful contraption held the infection rising from the lungs and redistributed it, thus enabling the microbes to breed in the best possible environment for their deadly needs. It sounds incredible, but this awful and preposterous method of treatment must be well within the memory of many persons now alive. One might have thought that sheer horse sense would have revolted against the notion that stale air impregnated and re-impregnated with disease would have a beneficial effect, but horse sense seems rarely allied to general medical practice, and when as by a miracle

one of the orthodox perceives the basic mistake of a method, he is often howled down.

An alternative to the "no air" treatment was propounded by Henry MacCormac, the first doctor who realized the enormity of the "cure." He read a treatise on the benefits of open-air treatment for consumptives to a medical society in Belfast. With one accord the meeting turned and rent him, and a vote of censure was unanimously passed against the speaker for wasting the Society's time.

If, therefore, the medical profession closes its rank against the elect, what can one expect of its members when a heterodox-healer appears?

The open-air treatment eventually caught on, and automatically the profession forgot that the "no air" regimen had once been all the vogue. If only the hierarchy of medicine would admit that the whole business is empirical, one would not so easily lose faith. But without any attempt to rationalize either their opposition to a new idea or their blind adoption of it, they blunder on from decade to decade, denouncing the investigation to-day that they may follow unreasoningly to-morrow, regarding the individual pioneer as a voice crying in the wilderness.

From existence in a foul stench, the poor consumptive was transported to a howling gale. Conditions in neither case were tempered to the shorn lamb, and patients who had lost all but the last remnants of their lungs were made to lie on a hillside in a fierce north-easter, till they were frozen to the marrow, while they slept in a room totally unheated.

I remember visiting a friend who had gone for a "cure" in a sanatorium. In the depths of the country, far from any other habitation, the sanatorium had the

bleak appearance of a highly institutional character. There were some wooden huts scattered about the grounds, in which the patients lived and died. Inquiry, however, elicited the information that the huts were permanent and were used by scores of sick folk every day. Through the disinfectant came the faint, acrid smell of corruption.

My friend declined a hut—he preferred the unadulterated air, even at its bitterest. I found him in a chair on a small hill, literally blue with cold. There was no shelter. The spot had been cleared of every scrap of foliage, and the hot-water bottle supplied to keep up his circulation, utterly failed in its purpose.

“I suppose,” said he, coughing violently, as a gust of ice-laden wind struck him, “I suppose the theory is that this ghastly cold will kill the germs. No one ever seems to think it may kill me.”

Appeals for a modification of this spartan regime by a fire in the bedroom at night, a seat within four walls and a roof overhead when the blizzard was at its height, had met with that pitying condescension that is the hall-mark of medical superiority. It was all part of the treatment, and, like the foul air and the re-breathed germs, the expression of orthodox wisdom. And so from the incarceration of the consumptive in a foetid room we have progressed to the segregation of consumptives in a sanatorium, where they exchange each other's germs in the same way as the inhabitants of the Scilly Isles were said to take in one another's washing.

That this intensification of disease might not be the best method of dealing with it has occurred to a number of lay minds. The suggestion, however, is generally scowled upon by the profession.

"It drives me mad to hear all the different coughs," my friend complained. "So soon as one stops, the other begins. I feel sometimes as if I'm being snowed under with coughs, that I can never, never get away from them. I'm not at all convinced," he went on, "that it's good for me or the rest to be cooped up together. You see, we all get so self-centred—consumptives always do. 'What's your temperature?' we ask each other. 'Have you put on weight?' It's a sort of ingrowing physical egotism which is most enervating. If one could meet just a few healthy people, it wouldn't be so bad. But the effect of the place is to make one feel like a leper bodily and mentally. I'd give anything to leave, but I haven't the courage to outface the doctor. He says it's the newest and the safest cure and that I shall run the gravest possible risk if I go away. . . . There are times when I feel I'm dead already—cough and spit, and spit and cough, and always the same sickly stench—the stench of the consumptive."

I have found the same concentration of disease in every sanatorium I have visited, and they include quite a number.

I remember a rather gruesome incident at a health resort in the Isle of Wight, for years a centre of tuberculosis. I was lodging at the house of a dear old country couple. She took in a couple of lodgers and looked after them admirably, while he was a gardener at a Consumptives' Home near by. The old man was a character, much appreciated by the patients and his employers.

"They think a deal of him at the house," said the old lady. "The doctor's given him permission to bring home all the vegetables he wants and fruit and flowers

as well. He'll pick a few roses now and again, though that's not often, but he won't touch another thing, though he'd be welcome to asparagus or even peaches. But no, he just shakes his head when I ask him. He's *that* pig-headed."

I liked the old man, and of an evening when he worked in his little plot of garden he would talk of the day's doings.

"They've a rare lot of carrots up yonder," he remarked. "I was thinning 'em out all the morning. They set a lot of store by carrots—full of iron they say." He chuckled and went on digging.

"A little while ago it was sour milk—four pints a day some of 'em had to swallow. Barley water's all the rage now, and orange juice."

"The grounds are very lovely," said I, "and the vegetables seem wonderful. They make my mouth water. Why don't you bring some early peas or a few beans home as a treat?"

He leaned on his spade and eyed me shrewdly.

"They're not healthy," he said slowly.

"Not healthy?"

I stared at him.

"How should they be? The place has been a home for consumptives for years and years. Fair riddled with it, you might say."

"But how does that effect the vegetables?" I asked.

"It stands to reason," he answered. "Everybody coughs and spits, and spits and coughs, indoors and out. The ground's fair poisoned, I should say, like one of them plague-spots in London, where the dead were buried. I've heard tell that one of them places was opened up as a building site, but all the workmen

employed there got a queer sort of illness and two of them died. What was it? The poison in the soil got hold of them, I suppose. Anyway everyone got scared and the spot was covered in again. It's the same with the ground at the Home, and every other consumptive home. The poison's spread pretty well all over the place. . . . I often wonder if my little bit of land is safe. Anyway, it's not been spat on—not by consumptives at any rate. . . . It's a queer thing," he went on, "but they never could get their rabbits to thrive at the Home. They grew weedy-like and died like flies. They'd a fine run and lots of green stuff. They used to feed them bunnies on cabbages and lettuces. . . . But it didn't help them. How could it? The cabbages were brimful of germs—must have been, remembering the spit of all those people."

It gave me a queer shuddery feeling.

"But at any rate, when the vegetables are cooked, the germs are destroyed. Boiling water purifies everything."

The old man grunted.

"You say so," he said quietly, "but I wouldn't eat anything grown up there—not if it was boiled for days on end—spit, cough, cough, spit—why a strong man would get sick in such conditions, let alone one of them reedy, narrow-chested chaps. They breathe in the muck they spit out. It stands to reason."

I suppose mass treatment has always appealed to the medical practitioner. Cancer, consumption, leprosy—they are all packed together, the mild and the virulent; those too far gone to cure and those in the first stages herd close, infected and infecting, in one awful cess-pool of disease.

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Possibly the wheel may turn full circle once again and we may find mass treatment discarded and individual consumptives "cured" in their own homes or boarded out with healthy people. You never can tell. Of this, however, you may be fairly sure, that the heads of the profession will not easily be interested in any alternative suggestion until such time as they adopt it as part of the established method.

The present age has seen the refusal of the profession to examine, let alone grant, the claims of the New Healing. A hundred years ago, the attempt to eliminate pain as a necessary part of an operation provoked a bitterly hostile campaign. It was a little Scots doctor who put chloroform on the medical map. The son of working-class parents, by invincible will and sticking power he had secured a hospital training, specializing in women's diseases. In cases of child-birth his kind little heart was torn with compassion for the agony his patients had to endure, and at the same time his skilled knowledge told him how terribly it handicapped the chances of a safe delivery with a swift recuperation. He was also concerned with the frightful risk attendant on an operation, the suffering of the patient having an inevitable repercussion on the surgeon, and lengthening the proceeding to a dangerous point. The discovery in America of the use of ether as an anæsthetic put him on the track. He tried ether on himself to start with, but for some reason or other it did not answer. Eventually, he found what he wanted in chloroform. He arrived at this conclusion by direct trial and experiment; he and some of his doctor friends after an excellent dinner sat round the table inhaling the fumes of various concoctions he had prepared. Nothing untoward

happened, however, till they sniffed at the chloroform, when one after the other they all fell on the floor utterly overcome.

Simpson was lucky in the support of his little coterie, but outside the ranks of the stalwarts he was the object of the bitterest attacks. He used chloroform for his confinement cases and the success of his experiments infuriated his opponents, who adroitly enlisted the help of the Church in their indictment. It was argued that the Almighty had ordained that woman should bring forth the fruit of her womb in travail and suffering, and to mitigate either of these inflictions was to fly in the face of God's will.

But the foe had reckoned without their host. Simpson came of religious folk and knew his Bible inside out. Like a flash came the retort that God had used the first anæsthetic when he removed one of Adam's ribs, first throwing the patient into a profound sleep.

As usual opposition gave place to imitation. Queen Victoria having decided that the next time she had a child she would try chloroform, it became the fashion, and doctors tumbled over one another to administer it on every possible occasion.

Before Simpson, operations had been comparatively few ; after his discovery of chloroform, arms and legs were chopped off, people's insides excoriated by the hundred. And then the inevitable happened. Just as the patients of the Viennese specialist had died from dirt, so did the unfortunate operatees. Simpson was staggered that such dreadful results should ensue from his great revelation, and being a man of quick intelligence, he traced the cause to its source—infection arising from the contiguity of

hospital beds containing sick persons. He insisted that operations ought to take place in isolation wards, and that existing hospitals impregnated with disease ought to be burnt down.

The whole profession turned on him as a traducer of the great art of medicine, a slanderer of hospital charities. He replied by volumes of facts and figures proving his case. But facts alone have never yet converted the unseeking mind and the controversy raged and the death-rate increased until another pioneer, Joseph Lister, appeared upon the scene.

It was he who introduced the use of antiseptics for washing wounds, etc., with carbolic to cleanse them from the noxious germs whose existence Pasteur a few years before had discovered.

One might have expected that the simple suggestion of surgical cleanliness would have been eagerly adopted. But once more the hierarchy closed their ears and their minds. So bitter was the hostility his treatment aroused, so invincible the ignorance which withstood it, that despairing of converting the Scots, he gave up his practice in Edinburgh and came to London to preach the new gospel. His theory had already been tried on the Continent and eminent specialists came from France, Germany, and Austria for consultation, but the British medico remained impervious until the antiseptic method became ancient history when it was generally adopted by the rank and file.

It has been argued that this lack of receptivity to ideas is due to the desire to protect humanity from the ill effects of untried methods. This might be considered a wise precaution if the advocate of the new treatment were ever given a hearing, his claim

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examined and his case recorded, and the percentage of cures taken duly into account. History, however, shows that the medical faculty usually does not wish for evidence and generally it is only after the challenger of an obsolete dangerous custom has been ostracized, that his discovery is adopted.

If the guardians of medical practice were in the real sense concerned with the advancement and protection of public health, they would surely investigate the accredited results of osteopathic treatment, as reported in the records of the Los Angeles County General Hospital.

This Hospital is divided into two units—medical and osteopathic. To quote the report approved by the medical superintendent of the Hospital, N. N. Wood, M.D., himself a product of the orthodox school :

“The osteopathic unit was fully occupied in June, 1928. Since that date it has taken care of about one-tenth of all the bed patients in Los Angeles County General Hospital. The segregation of cases was made at the Gate House by employees under your direct control. These cases have been of all kinds ; surgical, maternity, acute, contagious, psychopathic, and all classes of seriously ill, bedridden victims of disease. The statistics showing the results of treatment of the same kind of patients in both the Medical Unit 1 and the Osteopathic Unit 2 have been compiled in your office and submitted monthly to the Board of Supervisors of Los Angeles County. They tell their own story of about one-third less deaths in the Osteopathic Unit than in the Medical Unit 1. They also show less days of illness per patient in the Osteopathic Unit. Permit us to submit herewith comparative death percentages for each of the

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months from the time the Osteopathic Unit was in full operation, i.e., July 1, 1928 until January 1, 1930."

There follows this revealing analysis :—

		<i>Medical</i> <i>Unit.</i>		<i>Osteopathic</i> <i>Unit.</i>
July 1928	..	10.6	..	4.6
Aug. 1928	..	10.3	..	5.6
Sept. 1928	..	10.3	..	6.5
Oct. 1928	..	11.0	..	9.4
Nov. 1928	..	12.3	..	6.7
Dec. 1928	..	15.0	..	10.5
Jan. 1929	..	12.3	..	5.7
Feb. 1929	..	12.8	..	9.2
Mar. 1929	..	13.78	..	5.16
Apr. 1929	..	11.58	..	7.42
May 1929	..	11.24	..	6.02
June 1929	..	10.27	..	6.95
July 1929	..	9.11	..	5.79
Aug. 1929	..	10.53	..	5.48
Sept. 1929	..	8.75	..	6.83
Oct. 1929	..	9.65	..	4.05
Nov. 1929	..	9.98	..	6.62
Dec. 1929	..	10.54	..	6.50
		<hr/>		
		18 (200.03)		18 (119.02)
		11.11 per cent.		6.61 per cent.

This astounding difference in the result of the two systems over a period of 18 months has been brought to the notice of the British Medical Council, and the British Medical Association through their representative witnesses before the Select Committee of the

House of Lords, to report on the Bill for the Registration of Osteopaths, in 1935. Both these august bodies, however, ignored the statistics in the same way that their predecessors ignored the statistics of deaths by gangrene when Lister first proposed to try out antiseptics.

CHAPTER VI

THE CASE FOR OSTEOPATHY

THE Streeter campaign for the recognition of osteopathy bore its first political fruits in the House of Commons in 1925. Mr. Arthur Greenwood, M.P., who later became Minister of Health, asked whether the Government would be prepared to set up a Commission or Departmental Committee of Inquiry into the operations and administrations of the various Medical Acts and the exercise by the General Medical Council of its functions and powers under such Acts—"with a view to the introduction of such a legislation as may be necessary to ensure the recognition and legal regulation in this country of osteopathy . . . and to safeguard both qualified practitioners and the general public."

Sir Austen Chamberlain, in the absence of Mr. Baldwin, the Prime Minister, answered that he saw no necessity for the appointment of any Commission or Committee as suggested, but that he thought representation might be made to his brother, the Minister of Health.

The Minister of Health, Mr. Neville Chamberlain, did in effect receive an osteopathic deputation and though nothing practical transpired, the issue became of immediate Parliamentary interest. The British Medical Association took fright, and the Member for London University, Dr. E. Graham Little (he has since received a knighthood), asked for an inquiry

into the whole position of irregular practice in medicine and surgery.

Meanwhile, however, Mr. Streeter and his fellow osteopaths had concentrated upon a draft Bill and unanimously agreed to support it. Members of Parliament also showed considerable sympathy and in February, 1931, the Bill was introduced for the first time by William M. Adamson, Member for Cannock, backed by a number of influential M.P.s.

This, however, was only a trial run under the Ten-Minute Rule; but it received such a favourable reception that with slight amendments the Bill was brought forward again in April, 1933—this time by Robert Boothby, M.P. As a Private Member's Bill, however, it was submerged beneath a flood of Government business, to come to the surface—still in Mr. Boothby's hands—in February, 1934. But pressure of Government affairs gave it no chance, and the measure which aimed at placing the practice of osteopathy under the control of a Statutory Board fell to the ground. Nevertheless public interest and enthusiasm were quickened by the attempt and once again the Bill was introduced in December, 1934—in the House of Lords.

This was the culmination of years of effort. By clinical demonstration and newspaper correspondence, Wilfrid Streeter had finally brought the whole question to public issue. Well served by devoted colleagues and distinguished supporters, backed in the final stages, when the Bill reached the Lords, by Osteopathic Associations, the main burden had always rested on his shoulders, for which reason it is necessary to treat him as the protagonist of the struggle.

No other, indeed, can fill the part, and it was

fitting and indeed quite inevitable that he should carry the chief role in the drama of the New Healing, a drama which, opening in the little room of Andrew Still in the far-off town of Kirksville, had its most crucial scene in Westminster.

The Bill on this occasion was handled by Viscount Elibank. Its prime object, he explained, was to remove under a separate and self-contained Act of Parliament, the disability attending the work of genuine osteopaths. It would prevent the practice of osteopathy by unqualified persons ; and would establish a register similar to the register maintained under the authority of the General Medical Council, for ordinary doctors, and set up a Board which would include amongst its members, independent persons with scientific and technical qualifications. But, recognizing that the medical profession was opposed to the recognition of osteopathy and that the Ministry of Health did not favour the Bill, he suggested that the matter should be referred to a Select Committee of their Lordships to examine the subject carefully and advise the House upon it.

The proposal was agreed to, but not before the medical profession had opened fire against it. Lord Moynihan led the opposition with Lord Dawson of Penn, their contentions being that the Bill was a negation of the principles embodied in the Medical Act of 1858 ; and that its acceptance meant a denial of the scientific basis of medicine. Now obviously the Bill was intended only to serve the same purpose as the Act of 1858 in regard to medical men—to enable the public to distinguish between qualified and unqualified practitioners. Furthermore, the Bill's acceptance entailed no denial of the scientific basis

of medicine but asserted the principle already recognized by the 1858 Act—that medical science has not reached finality and that the allopathic system to which that Act applies is not necessarily the last word.

These considerations, however, did not move Lord Dawson or Lord Moynihan. Indeed, the latter was so devastated by the fear that osteopathy should be given legal status that in a *cri-di-cœur* he insisted it would be “an irreparable calamity if the Bill were to be given a second reading.” It must be dismissed at once *in toto*. 9688

The House of Lords, however, is not lightly moved by rhetoric and as a whole did not accept the point of view. Indeed, the late Lord Amptill described the outburst as being “urged in language of exaggeration such as I have never heard in this House before, language entirely inappropriate to a case of this kind.” His lordship also remarked that “the medical profession is the closest and the most jealous trade union in the world, and that the General Medical Council has obstructed and resisted and crabbed and derided a very great many advances in medical science. . . . I hope,” he went on “that your lordships will not put yourselves in the false position of refusing to a profession which now exists for good and is very widely extending in this country, the necessary measure of protection.”

The Government, through Viscount Gage, for the Ministry of Health, opposed the Bill and put up a very curious form of argument, the point being that any person can go to an osteopath now and take his chance of being treated successfully; but must not be protected “against the absolutely ignorant

practitioner" because that meant that the Government would be giving its official blessing to osteopathy and throwing on the public the onus of deciding whether to consult an osteopath or a doctor.

Finally, it was suggested that osteopaths should admit that their practice is merely an adjunct to ordinary medicine and the osteopath a technician whose services will be available to patients only on the advice and under the direction of a doctor.

It is obvious that the suggestion that osteopathy should be annexed as the handmaid of ordinary medicine without any independent status was in the mind of Lord Dawson of Penn, when he said that just as he might prescribe massage for one case he would be prepared to refer another to an osteopath, if he thought osteopathic treatment desirable.

The implication here is that diagnosis is the sole prerogative of the medical man. Throughout the long-drawn controversy between orthodoxy and the New Healing this same point has persistently emerged—the medical profession will admit osteopathy only if it be not called by that name and does not claim to be a separate system.

The Bill passed the second reading by a majority of 17 on the understanding that it would be referred to a Select Committee of the House to report upon its provisions.

That such an inquiry should have been held and a Committee appointed marks a very definite stage in the course of the struggle.

It was indeed an inspiring result, and full of curiosity as to the methods and procedure of this unique tribunal, I made my way on a bleak March morning to the House of Lords.

The Committee room had nothing of the nervous excitement which marks an ordinary court of law. The proceedings were unhurried, the atmosphere impartial, witnesses were not heckled or intimidated, while the K.C.s were urbane and unemotional, and the noble lords in lounge suits, sat casually at a large mahogany table.

It was, I felt, a setting curiously English, almost domesticated, in spite of the advocates' wigs and gowns, as though in fact they were a large and friendly family gathered together to discuss the affairs of a young prodigal who, in defiance of convention, had started on a new and adventurous career.

It was not a large room, and the spectators were wedged three deep, but the windows were wide and lofty and overlooked the Thames. Now and again the grey bleakness of the March morning was lifted by a rift of sunshine that flecked the leaden water with pale gold.

A long and imposing row of Counsel faced the Committee. I recognized some of them. Sir William Jowitt, tall and genial, whom I had last seen delivering an election address ; J. H. Thorpe, K.C., good-looking and lanky, with an eighteenth century face and bearing, supported by minor celebrities. Thorpe and his junior, Harold Murphy, were for the several organizations of British Osteopaths. Sir William represented the big guns of the opposition, the British Medical Association, who were out to defeat the Bill. Other and smaller stars appeared for the Royal College of Physicians and the Royal College of Surgeons of London, Edinburgh and Glasgow, and three or four Universities as well—Goliath after Goliath seeking to down little David.

Gradually the Committee sorted themselves out. Viscount Esher, Lord Redesdale, Lord Cannock, Viscount Elibank, with Lord Amulree in the Chair, were of the right. Lord Marley, with his humorous eyes and detached manner, came from the Political Left, and Lord Dawson of Penn, subsequently created Viscount, a shrewd little man with a pointed nose, stood for orthodox medicine though he sat on the Committee as a Member of the House.

But the room held other less tangible presences. Behind Streeter and Kelman MacDonald, I seemed to see the scholarly figure of Harvey, the eager and intrepid Simpson, the ascetic Lister, all of them in their turn rejected of the profession, and despitefully used. And behind them again a dim crowd that edged closer and closer—the broken-hearted and dispirited MacCormac who had pleaded that the consumptive might have fresh air, and with him the little Austrian obstetrician who, hounded out of sanity, had died in a mad-house. To me those pale spectres looked pityingly on the pioneers of the New Healing as though to say: "My poor brothers, you will fight as we fought, but only after long tribulation and great suffering will you win the right to heal. . . ."

And then I realized that the proceedings had opened. Following an explanatory speech by Mr. Thorpe, K.C., Mr. Streeter went to the witness chair and his examination-in-chief began. The story of his fight for the recognition of osteopathy, his long-drawn battle to secure the co-operation of an anæsthetist not only in his private practice but at his public clinic, was told simply and effectively. The witness reiterated the ardent desire of himself and his

colleagues to improve the educational standards and qualifications of osteopaths in this country, but pointed out that as the Law stands "we have no standard to which we can make them conform. We have no control over anyone who wishes to call himself an osteopath and the membership of the professional associations is entirely voluntary."

All through the Inquiry the danger of this lack of control was stressed by the supporters of the Bill, and it became increasingly clear that without registration and regulation abuses of all kinds and descriptions were likely to increase. Of the thousands who profess to practise osteopathy in Britain only 175, we learnt, were properly qualified, so that the risk the public must run from charlatans is grave and considerable.

It seems to me important also to put the orthodox view as expressed by Sir Henry Britten Brackenbury, Member of the Royal College of Surgeons, Licentiate of the Royal College of Physicians, Vice-President of the British Medical Association, etc. etc., one of the chief witnesses against the Bill :—

" . . . if the basis of English law were to be changed," said Sir Henry, "so that nobody could practise healing except those who were licensed by the State to do so . . . they would reduce certain risks which the general population at the present time chooses to run. Nevertheless, I prefer the present system."

Immediately one asks why? What are the reasons which influence a man of Sir Henry's humanity and experience to say that he prefers a system which leaves the general population exposed to what later in his evidence he admitted was "a serious risk"?

Such unreasoned opposition, it seems to me, can only be rooted in professional fear—fear of a degree of supercession with a general loss of prestige, and individual loss of practice, and while perfectly understandable, these reasons cannot be called altruistic. If moreover, the registration of osteopaths—with a settled standard of qualification—were to become law it would surely have a quickening influence on the general medical mind with the crowding out of the incompetent and slothful in place of the more up-to-date members of the profession. This, however, is a contingency the faculty as a whole will not face. It never has, indeed, faced a contingency till it has become a certainty.

That the protection of the public and the regulation of the osteopaths was the central point of the Bill was clearly demonstrated. But when Sir William Jowitt opened his cross-examination of Mr. Streeter it became obvious that the opposition did not mean to join issue on this ground but, by skilful manœuvring, to shift the basis of contention so that the chief consideration should no longer hinge on a matter of public policy, whether or no it was in the best interests of Society that the osteopaths should be registered—but on the debatable merits and demerits of osteopathic treatment of specific diseases as opposed to the methods of the orthodox medical school, and the personal characteristics of the founder of the New Healing as distinct from his work.

Mr. Streeter did his utmost to force the fighting back to the original line, holding that the Committee were called upon to consider a question of public policy rather than a scientific inquiry. But Sir William Jowitt's prestige and aplomb overweighed his

professional brethren, and Tally Ho ! the medicine men led the chase miles away from the prescribed course and its ultimate goal. Under Sir William's dominating personality, counsel for the appellants toed the line and in my judgment missed an unique opportunity.

Time and again, during the inquiry, I longed for the eloquent, scholarly Thorpe to seize on an obvious opening. The Medical Acts—from which doctors derive their privileges and immunities—authorize the Privy Council to prohibit attempts to compel registered men or applicants for registration “. . . to embrace or refrain from embracing any particular theory of medicine or surgery.” I ached to hear this point stressed. I remembered the immortal Lister—what were the Privy Council doing while he fought for the right to “embrace” his “theory”? If they slept then, surely they should not be allowed to slumber again—now?

The Medical Acts, originally quite obviously framed to ensure an “open mind” from the medical profession to new developments of medical science and the healing arts, were once again in danger of being overlain by the sheer weight of prejudice.

Meanwhile the real case, the case for the man in the street, that long-suffering, inarticulate and much-oppressed individual, was being smothered; and though endless arguments as to the truth of Still's theory in regard to mumps, scarlet fever and chicken-pox droned on and on, the vexed, vital question as to whether you or I or anyone of the millions inhabiting this country had the right to be protected from the quack was kept well out of sight. All the same the urbane efforts of the great counsel to tie up the witness in verbal knots, cross-contradiction and the rest,

failed to shake him. As I listened, it was borne in on me more and more that the law game is too often played to score on points, not to elicit fundamental truths or errors. Hour after hour Sir William harried Wilfrid Streeter as to Andrew Still's scientific status. The old man's method of writing—his autobiography is not, and never claims to be, a scientific or a literary work—his high falutin phrases, hyperbole and sudden personal cries to God were cited as proofs not of his individual idiosyncrasies but of the basic fallacy of his theory.

Sir William chased poor Still's Victorian effulgence up hill and down dale ; but at the end we were back once more at the beginning—what had Dr. Still's literary inexperience and simple religious faith to do with the separation of osteopathic sheep from goats? Why should his lack of style and syntax hand over the general public to the tender mercies of the untrained?

But all this legal verbiage and forensic humour held nothing new for me. I was too familiar with the squibs of phrase, the crackers of humour, the adjustment of the wig, the settling of the gown, all the dramatic devices practised by the accomplished actor at the Bar as on the stage to be impressed.

It was when the great protagonist of medicine, Lord Dawson of Penn, took up the challenge that a sense of reality tightened the atmosphere, and a real touch of drama fell upon the room. Mr. Streeter had been explaining his method of treating cases of deafness by finger surgery—I seemed to hear again the thrill of joy in the voice of the woman rescued from the world of silence—and Lord Dawson interrogated him. I reproduce the following amazing

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extract from the Minutes of Evidence as officially recorded :

LORD DAWSON OF PENN : "You were good enough to tell us about cases of deafness in the first part of your evidence. May I ask what part of the ear it was? What was the treatment employed for these cases of deafness?"

MR. STREETER : "Particularly the reconstruction of the Eustachian tube."

LORD DAWSON OF PENN : "Was that meant to apply to the middle ear or the internal ear?"

MR. STREETER : "The manipulative treatment is not applied to the bony canal, but the soft tissue parts of the tube."

LORD DAWSON OF PENN : "I am not so clear as to what the soft parts of the tube are?"

MR. STREETER : "The Eustachian tube from the entrance of the pharyngeal opening of the tube. We often find that full of adenoid intumescences which have to be removed as they interfere with the normal functioning of the tube."

LORD DAWSON OF PENN : "By what method of removal?"

MR. STREETER : "Finger surgery."

LORD DAWSON OF PENN : "Applied where?"

MR. STREETER : "In the Eustachian tube."

LORD DAWSON OF PENN : "How do you apply the finger to the Eustachian tube?"

MR. STREETER : "You introduce a finger to the Eustachian tube."

LORD DAWSON OF PENN : "How would you introduce a finger in the Eustachian tube?"

MR. STREETER : "I do not understand what you

mean by the question. I use my fingers in normalizing the Eustachian tube, removing adenoid intumescences and the various types of pathology connected with the Eustachian tube."

LORD DAWSON OF PENN : "Am I right in supposing you jam your finger into the Eustachian tube?"

MR. STREETER : "I do not jam it into the Eustachian tube, but I manipulate the Eustachian tube."

LORD DAWSON OF PENN : "How would you manipulate it—by what line of approach?"

MR. STREETER : "Through the mouth and post-nasally up into the Eustachian tube."

LORD DAWSON OF PENN : "What would the size of the Eustachian tube be, in your experience?"

MR. STREETER : "About 10 or 12 millimetres, I should say."

LORD DAWSON OF PENN : "For the sake of this audience would it be equal to a steel knitting needle?"

MR. STREETER : "I use my own fingers."

LORD DAWSON OF PENN : "You said you introduced your finger into the Eustachian tube?"

MR. STREETER : "Yes."

LORD DAWSON OF PENN : "It is a little difficult for me to understand how you can put a finger into the Eustachian tube?"

MR. STREETER : "I should be very pleased to show you if you would care to come along to my operating-room."

LORD DAWSON OF PENN : "I understand the Eustachian tube is smaller than a finger ; that is so, is it not?"

MR. STREETER : "Not mine. You could not put a finger *that* size into it" (holding up his thumb).

LORD DAWSON OF PENN : "May I . . . say that

the point of my last question was to lead up to this, that it is a physical impossibility to put any finger into any Eustachian tube; it is an anatomical impossibility. Any finger existing is much too large for any Eustachian tube. *That* is about the normal diameter of the Eustachian tube" (indicating side of a spectacle frame).

MR. STREETER: "I do not wish to contradict at all but *that* (indicating the side of the spectacle frame) is about the diameter of the bony canal. I am quite willing, and stand, prepared, to demonstrate."

Lord Dawson did not dispute Mr. Streeter's correction, but in view of the amazing assertion that it was impossible for *any* finger to get into *any* Eustachian tube, and that his lordship had obviously confused the dimension of the Eustachian tube with that of the bony canal, I had hoped that so distinguished a gentleman might have made the *amende honorable*. I had even, for one wild moment, thought that Lord Dawson might in the circumstances have accepted Mr. Streeter's invitation to be present at a demonstration. After all, it might be supposed that any medical man might wish to witness what was to him an anatomical impossibility, but which—the demonstrator claimed—had been of invaluable help in many cases of deafness. Are not we—the general public for whose safety and protection these eminent men were fighting—entitled to hope that the medical profession might at least show some interest in a new method of treatment?

But not at all. Throughout the inquiry not another word was heard from the orthodox side as to the finger manipulation of the Eustachian tube.

From deafness Lord Dawson, travelling rapidly, finally arrived at amœbic dysentery. His cross-examination centred on the use of emetine—the orthodox cure for this particular disease.

“Does the body,” hammered his little Lordship, “does the body produce emetine?”

If not—the inference was bristlingly apparent—if the body does not produce emetine to cure dysentery what becomes of osteopathic theory that the body is a storehouse of Nature’s remedies for disease?

The argument was pitifully fallacious. How, I wondered, could a man of Lord Dawson’s ability insist that, failing emetine, the body was incapable of producing its own cure? Emetine to-day—some other nostrum to-morrow. Meanwhile the subtle and mysterious chemistry of the body once restored to a state of perfect mechanism, evolves the necessary antidote for its disease.

After Lord Dawson, Sir William Jowitt took the field, leading the witness through a labyrinth of Dr. Still’s opinions on healing.

Did he include measles in his theory that the human body contained all the essentials of cure—syphilis, diphtheria, influenza? Would his disciples prescribe drugs for tetanus, plague, snake bites? If so, why? If not, also why?

Mr. Streeter more than held his own but to the lay mind Sir William’s tactics seemed feeble. No school of healing can be static, and what holds good to-day is not necessarily susceptible of the same interpretation to-morrow. If any profession should realize this, it should surely be the medical, but legal procedure allowed no interpolation in regard to the many times the orthodox have performed an astounding *volte face*,

and there was nothing for it but to listen in wonder and surprise. But though Sir William Jowitt succeeded in putting osteopathy in the dock, he must have realized the extraordinary if unwilling testimony the accused received from professional opponents. Sir Henry Britten Brackenbury, to quote him again, admitted the value of manipulative surgery and emphasized the importance of its inclusion in the medical curriculum. Later we heard Mr. James Beaver Mennell.

Mr. James Beaver Mennell (Doctor of Medicine, Bachelor of Surgery, Member of the Royal College of Surgeons, Licentiate of the Royal College of Physicians, Medical Officer of the Physico-Therapeutic Department of St. Thomas's Hospital, Consulting Physician to the Civilian Clinic of the Red Cross Division at Kensington, President of the Physio-Therapy Section at the Bi-Lingual Congress of Radiology and Physio-Therapy in 1922, and a Fellow of the Royal College of Medicine and an Honorary Member of the Ling Association) stated that he had specialized in orthopaedic complaints and—I nearly applauded—that he had used manipulative methods for nearly twenty years.

Now at last, I felt, we should have a candid expression of opinion, a concise and possibly *ex-parte* statement as to the merits and demerits of the New Healing. But I was disappointed. For though in his opening statement he fully admitted the value of manipulative treatment, not only in the case of fractures and swollen joints, etc., but also including asthma, he denied *in toto* Still's fundamental doctrine that disease is caused by a maladjustment of the bodily mechanism and refused to entertain the idea that under osteopathy

he might have escaped one of his many intolerable afflictions; poor soul, he has suffered almost every imaginable illness from bronchial pneumonia as an infant of eighteen months, through gangrene, kidney trouble, septic poisoning, general fibrositis, which he explained was "stiffness from head to foot", double cyclotitis of the eyes, myocarditis of the heart, peritonitis, appendicitis, mumps three times, pleurisy, down to diabetes, which continues to afflict the distinguished witness to-day. Altogether, Mr. Mennell can hardly be regarded as a reassuring example of the benefits of orthodoxy as against osteopathy.

Now it had been stated by the other side that a book of which Mr. Mennell was the author, entitled "Backache," was used as an osteopathic text-book and inspired by osteopathic teaching. This the witness denied. His knowledge of manipulation and its practical success owed nothing to osteopathy, he said, but were the outcome of "the grounds on which scientific medicine is based and has been based for many generations." Mr. Mennell explained that *his* methods were derived from a great French surgeon, Lucas Championnière, though he admitted he had read a volume entitled "Osteopathic Mechanics". It was before his acquaintance with this book that in 1919 he had delivered an address on manipulation to "one of the most august medical bodies in the world, the Association of American Surgeons."

Mr. Mennell's evidence as a whole impressed the audience, and while his incessant condition of disease was unfortunate from an orthodox point of view, his insistence that his manipulative treatment, though similar to Dr. Still's methods, owed nothing to his teaching, had its weight, and it was with anticipation

that everyone awaited Mr. Thorpe's cross-examination of the eminent sufferer.

The ball started rolling quite smoothly. Mr. Mennell admitted that there were such persons as "good, qualified osteopaths" in England and in America, but even so he could not "meet them professionally, as the theory behind their practice was such that no medical man could accept it."

He agreed, however, that he had called on Dr. Harvey Foote, a distinguished osteopath, at his house in Park Lane, and "talked" with him and that, further, they had both sat on an informal committee of doctors and osteopaths to discuss the standard of education to which "we as medical men would be content for the osteopath." But he continued to maintain the position that Dr. Still, though an inspiring teacher was *not* the first person who brought to light the value of manipulative treatment. What followed is so extraordinary, to my mind so tragic in its implication, that I reproduce the Counsel's questions with Mr. Mennell's answers in full :—

COUNSEL : "Does this sentence recall anything to your recollection : 'In my own mind and in my own heart, I pay loyal tribute to the great man who first conceived the possibility of applying manipulative treatment to the joints of the spine.' Do you remember saying that?"

MR. MENNELL : "I would like to see the context."

COUNSEL : "You may, but first of all, do you remember saying it?"

MR. MENNELL : "No, I do not, but I dare say I did."

COUNSEL : "You can see it."

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MR. MENNELL : "I would like to see the context."

COUNSEL : "I am not going to labour it. First of all, look at that signature. Is that your signature?"
(*Letter is handed to witness.*)

MR. MENNELL : "Yes."

COUNSEL : "You were referring to orthodox British medical people in this country. Did you say this in the last paragraph but one—this is referring to a letter—you mention one of my illustrations and add that this is the only place where apparent credit is carried to osteopathy?"

MR. MENNELL : "Yes."

COUNSEL : "This was an osteopath writing to you?"

MR. MENNELL : "Yes."

COUNSEL : "And he writes and he says: 'You have not paid a tribute to all you have got from osteopathy?'"

MR. MENNELL : "Yes."

COUNSEL : "You say: 'This is true and I am sorry to say deliberate in spite of the fact that I knew quite well of the truth of your statement that every figure and every page is a connotation of the teaching of Dr. Andrew Taylor Still.' Did you write that?"

MR. MENNELL : "Yes, I did."

SIR WILLIAM JOWITT : "What is the date of that letter?"

COUNSEL : "August 6th, 1931."

MR. THORPE (*resuming cross-examination*) : "Having said that, you go on—I want you to mark this—'But you must remember that I was writing in the hopes that I might appeal to the medical men of this country, and of the U.S.A., to whom the word osteopathy or osteopathic manipulation is anathema?'"

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MR. MENNELL : "Yes, perfectly true."

COUNSEL : "You go on to say : 'For them'—that is, the medical practitioners in this country—'the very word osteopath must be dropped'?"

MR. MENNELL : "Yes."

COUNSEL : "'And equally for them the teaching of your great master'—that is, Dr. Andrew Still—'must be doled out in minute doses and in a disguised form, otherwise prejudice will be so great that again the progress we have already made will be set back to another generation'?"

MR. MENNELL : "That is quite right."

COUNSEL : "You write in this sentence : 'I am paying a tribute to Andrew Still'?"

MR. MENNELL : "Yes."

COUNSEL : "'I am not rubbing in osteopathy and its teaching by the name osteopathy in the book because it is anathema, and if we have to further the teaching of your great master, we must dole it out in a disguised form'?"

MR. MENNELL : "Yes."

The effect of Mr. Mennell's admission of the fact that while denying openly that he had learnt anything from osteopathy, he had secretly admitted his indebtedness was devastating. The Committee looked and possibly felt supremely uncomfortable.

He sat, a teacher to whom hundreds of students paid respect, blushing a little, and I hope contrite, as Counsel read that damning letter. His attitude seemed to me indicative of the undermining influence of fear. In his "heart" and "mind" he hailed Dr. Andrew Still as "a great man." But by word of mouth, terrified of offending his professional brethren who

regard osteopathy as anathema, he denied the teacher on whose discovery he had obviously based his manipulative success.

I have had much to say in these pages in criticism of the medical hierarchy, but until that afternoon I had always entertained a respect for their general level of probity. As I listened to the evidence which proved more and more conclusively that Mr. Mennell's denial of osteopathy was only lip deep I understood how repressive of progress is the Council whose wrath the witness apparently feared—if he should dare to say outright what he had already secretly written.

It was a smashing blow to the opponents of the Bill, and perhaps the distinguished invalid felt that he had not upheld his own dignity or that of his profession. The man knew and had admitted the benefits of osteopathy, but was afraid to give impartial testimony and but for the fact that the letter he had written three years ago had been carefully preserved and used in evidence, the exact state of his opinion would never have been revealed, and the general public would have believed—and possibly have been influenced—by his adverse criticism.

The bulk of medical testimony throughout the inquiry was to the effect that osteopathy as such was a menace, and that while manipulation in certain cases might be valuable, it should only be practised by a qualified medical man. In other words, if a member of the faculty chose to manipulate he might do so without fear of expulsion, but only because he had first joined the ranks of the orthodox.

All attempts to induce any one of the witnesses to define the conditions under which a qualified doctor would meet a qualified osteopath broke down. The

two theories of healing were incompatible. One was right—the other utterly and completely wrong. There could be no recognition of the rival doctrine.

The Shades of the Great Unrecognized must have drooped considerably at the close of that day. But the spirits of Mr. Streeter and his colleagues remained unflagging. The osteopathic attitude throughout the inquiry was the antithesis of the medical. Over and over again Streeter and other witnesses paid testimony to the profession and protested their desire not to compete, but to work side by side, with orthodox practitioners. They admitted the necessity of bringing the training and teaching of British osteopathic schools up to the level of American schools and were perfectly ready to lengthen the period of study.

They maintained, however, that to ask a student to pass through a medical course before he entered osteopathy was not possible. It would be like expecting a Catholic priest to pass an examination in Anglican theology.

But though the appellants of the Bill were eager for a constructive policy, its opponents were obviously out for destruction pure and simple. Osteopathy was not to be tried but to be suffocated.

As day followed day, the high lights of the inquiry, the dramatic values and human interests, seemed to fall into a sequence linked up to a fundamental principle that at times grew strong and dominant and at others confused and weak—but was always implicitly there—the principle of public interest, the right of the people to be protected from unauthorized attacks on life and health.

From the cloud of witnesses on both sides, certain

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figures emerged of definite importance. It was after Wilfrid Streeter had left the chair that Dr. Kelman MacDonald, whose career might be described as a Romance of Osteopathy, testified to the immortal greatness of old Andrew Still and the truth of his New Healing.

CHAPTER VII

A CONVERT TESTIFIES

A SHORT, compact figure with a finely moulded head, a swift smile and an easy manner, Kelman MacDonald must have been a bitter pill for orthodoxy. He was not originally an osteopath, but an ewe-lamb of the faculty of Edinburgh, where he had won medical honours and surgical distinctions, walking off with a gold medal for the thesis for his M.D. degree—"Sensory Nerve Endings in Muscle"—which had also won him the Symes Surgical Fellowship—a feat rarely equalled in contemporary annals. In addition, he had been senior President of the Royal Medical Society of Edinburgh, and was not a man on whom the B.M.A. could look disdainfully, his qualifications and achievements commanding general respect. Judge then of the chagrin of the elect when MacDonald left the orthodox fold and became an osteopath. He told the story of his change simply and effectively.

His father had been suffering from a thickening of the arteries of the brain as a result of overwork, and endured dreadful pain. "It is what we all suffer from as we get old," said MacDonald cheerfully. The patient had consulted many doctors and was given the best medical treatment available in Edinburgh, but nothing was any good and his condition got steadily worse until in despair he decided to do what many of his contemporaries had done—consult

an osteopath. His son Kelman, brimful of orthodoxy, railed at the old man's insistence, but to no end. MacDonald senior went to No. 255, the famous house in Glasgow, and had a course of treatment from Wilfrid Streeter.

"He was not completely restored to health," said his son from the witness chair, "but he was able to get back to work and to continue at work for many years, though under orthodoxy he had been obliged to give up his employment, conscious that he was getting progressively worse."

But even the success of osteopathy in his parent's case did not convert the son, though subconsciously he must have registered an interrogation as to why medical methods had so completely failed.

A little later, however, Dr. Kelman MacDonald himself had to consult the bigwigs of the faculty. He found himself getting terribly round-shouldered, had trouble with his digestion, and generally felt so ill that he went the medical rounds of his home city, strenuously following doctors' prescriptions, but all to no end. As a youngster he had had an accident in the Rugby football field and two years' close poring over a microscope had not made his general condition any better. One after the other he tried his colleagues out, but no one could relieve him. The root of the trouble was untouched.

At last his father bullied and persuaded him to go to Mr. Streeter and, much against his will, bitterly unbelieving, cynical and superior, the young man turned up at Bath Street.

"I told Streeter I thought he was a quack," said MacDonald, "and that I was a respectable medical man, but I said I was a sick man and I wanted to get

well and I said I would be a good patient and would do exactly what he told me, and after I had said all I thought about him, I would give him credit for any help he gave me. To my astonishment he paid little attention to my description of symptoms. He did not go in any great detail into the history of my case . . . but he examined my body thoroughly. . . . He did not pay the usual attention to—say—the front part of my body. He did not examine my abdomen as thoroughly as I had been accustomed to—as my complaint was an abdominal one—but he examined with the most minute care the general framework of my body and having done so, he found one place, and he told me that that was the only place in my body in which he was interested, and that happened to be, let us say, the third or fourth dorsal region of the vertebral column. There are twelve dorsal vertebræ . . . and this was the third or fourth one down and was the area which I had injured on the Rugby field, and which was naturally made worse by my bending for such a long time over the microscope. To make a long story short, Streeter treated me there and there only. He did not give me any other form of treatment. There was no suggestion of drugs, no suggestion, with all due deference to my friends here, of diet, no suggestion of hydrotherapy. He merely manipulated that abnormality and I got well.”

Dr. MacDonald went on to say that it occurred to him as odd that someone should seek for a causative effect of an abdominal trouble at the back of the neck. It was such an entirely new idea that it was upsetting. But after this experience, almost magical in its results, the doctor began to feel an interest,

scientific as well as personal, in the osteopathic theory.

"Up to then," he explained in his pleasant Scots accent, "I'd looked upon a pain in the back as rather an undesirable functional nuisance—as the majority of medical men still do." He found, however, that a patient with a pain down the leg—sciatica say—often had a certain tenderness in a part of the lumbar region of the spine; that patients who complained of indigestion had pain and tenderness in the middle dorsal region, and that those who had asthma often had the same symptoms over certain ribs. But—and this is what impressed him scientifically—these abnormalities were not haphazard in the body. They always had a relationship to the complaint that the patient was suffering from.

Now this, I felt, was testimony that even the B.M.A. could not reject. This was not the outpouring of a grateful patient, enthusiastic but anatomically uninformed. No one could question MacDonald's qualifications, none could deny his standing in the medical world. When, therefore, he deliberately transferred his allegiance from the orthodox to the osteopathic school the secession could only be regarded as significant. No comments, however, were made by the representative of medicine on the Committee, while Sir William Jowitt remained strangely silent.

It was after he had investigated a number of cases and analysed the conclusions they suggested that Dr. MacDonald decided to go to America. He gave up his practice with its prospects of advancement and went off to the fountain-head of the New Healing, not, however, as an ardent disciple but rather as a Doubting Thomas.

In his own words :

"I am not forgetting the fact, My Lords, that I am under oath, and my original intention was to prove to myself that there was nothing in osteopathy. I went to Kirksville and studied there. Had I proved that there *was* nothing in it I should have been quite happy and quite content to come back to my native city and practise, as I had intended to do, as a neurologist, instead of which I became interested in osteopathy and adopted it as, in my opinion, a very, very sound—the most sound—method of healing which I know."

But before he went to Kirksville MacDonald had already come to the conclusion that there were framework abnormalities in the vast majority of sick people ; there were also abnormalities equally referable to the vast majority of diseases from which people suffer.

Dr. MacDonald spent two years from 1910 to 1912 in Kirksville, where he met Dr. Still, by this time a man of 72. "He was," said the witness, "a very simple-minded man. He rather likened himself to what he called a Frontiersman, a Middle-West Frontiersman. He lived a very simple life—the life of a backwoodsman, but he was a very sanely religious man, and essentially practical."

Still did not, as one might have expected, eagerly welcome this distinguished arrival to the osteopathic fold, rather he seems to have held back his endorsement until he had judged MacDonald's capacity.

"The first two or three months," confessed the witness, "he seemed to take no notice of me at all and I think I was a little hurt, but after six months he asked me to go and stay with him, which I did. He taught me all he could teach me about his methods

—by that time he had given up teaching students himself—and afterwards made me Professor of the Principles of Osteopathy in order that I might hand on some of his teachings to his students.”

The course of study—since extended to four and five years—at that time was three years only. Dr. MacDonald, however, took his degree in a shorter period as he was of course already equipped with the necessary knowledge of anatomy. He found Still especially interesting in discussing the Kirksville curriculum: “They have very well-conducted classes on applied anatomy and applied physiology, where anatomical facts that are of more value to an osteopath are put forward.”

It was fascinating to listen to this easily flowing account of a great conversion, but it was in the summing-up of the difference between the orthodox and the osteopathic creed that I realized Dr. MacDonald’s masterly grasp of essentials.

“When I went to Kirksville,” he said, “I thought I would find that certain corrective movements, certain technical procedures, or certain manipulations, would be used in certain selected diseases or conditions, but on the contrary I found they had evolved, not a branch of healing but a system of healing, which was capable of handling successfully the majority of diseases in the human body. They were healing, to my surprise, influenza and pneumonia; typhoid fever was prevalent there, small-pox and dysentery, and they were healing such things as diseases of women and diseases of the organs of the spinal senses—the eye, ear, nose and throat.

“This system of healing was not a mere collection of various methods . . . as is sometimes the case

in the practice of medicine, but a system of practise which was based on a principle . . . that the body contains within itself the power to heal the body of its ills."

In other words if the body mechanism is readjusted, the disease disappears and with it the pain and discomfort.

At this stage it seems necessary to point out that there are cases where a maladjustment is of such long standing that a complete readjustment of the body mechanism is impossible. If, however, the defect accidental or occupational is dealt with in the early stages the "power to heal" is successfully evoked.

"The osteopath," said the witness, "stands for the physical make-up of man, and I think his treatment of a sick man is along physical lines. The medical man stands for the chemical value of things, of which the usual treatment of a sick man is along chemical lines. . . . The third branch—the psycho-therapeutic physician—stands for the mental aspect of things and his treatment of a sick man is along mental lines."

By this time it will have become clearly apparent that I who write this exordium on the importance of the body am heart and soul in favour of what Dr. MacDonald calls physical treatment. I realize quite definitely, however, that thousands of people are habituated to treatment on chemical lines and for this reason I feel that it should be made plain that these three divisions of healing are not in competition but should proceed on independent parallel lines.

It is, I think, of interest to recall that as long ago

as 1892 in the first Charter obtained by Doctor Still for his school at Kirksville, his object was defined as an attempt "to improve our present system of surgery concerning the treatment of disease generally, and to place the same on a more rational and scientific basis and to impart information to the medical profession."

Thus each school would have its special appeal and convinced clientele, but each could help the other. The osteopaths do not seek to rival the orthodox. They ask merely for recognition for themselves and protection for the public.

This—it is necessary to repeat—the issue before the Committee of the House of Lords was continually overlaid by the faculty. Sir William Jowitt, in a long and exhausting cross-examination of Dr. MacDonald, re-traversed familiar country. He did not, very wisely, endeavour to controvert the witness's statement as to osteopathic treatment but with a silken adroitness revived the discussion as to the length of time an osteopathic student should study before sitting for a degree. In America at the present moment, witness stated, the full course was five years. That was followed by an inquiry into the osteopathic course in this country.

The argument, while it did not advance the main theme of discussion, emphasized the fact that neither Mr. Streeter nor Dr. MacDonald were satisfied with the standard of osteopathic training over here.

"You would agree, would you not," said Sir William, "that there is not in this country to-day, and never has been, any satisfactory educational body dealing with osteopathy?"

With considerable emphasis Dr. MacDonald replied: "There is no body dealing with osteopathy."

Meanwhile the central point of the whole Bill under Sir William's manipulation receded farther and farther from the stage. With forensic finesse he adopted the tactics of the cuttlefish, which evades pursuit by darkening the water surrounding the pursuer. In the same way the main theme of inquiry was obscured by such a clouded irrelevance that it was difficult always to remember what the Committee had assembled to consider.

They were very patient, the noble lords, very tolerant and not too openly bored. Lord Dawson peppered the proceedings with little darting queries. Lord Marley asked questions in his humorous voice and Lord Amulree, like a minor sphinx, upheld the tradition of the Chair.

Presently the main drift of Sir William's immediate attack became apparent. He had already tried the Fabian tactics of appearing to fall back in order to draw his adversary farther afield and having, as he thought, lulled the witness into security he sprang the following question :

"The tribunal to which both you and I would appeal on this matter would be scientific opinion, would it not?" asked he, bending towards MacDonald with a deprecating smile.

"Scientific?" The medical-osteopathic expert rose to the bait and admitted that scientific opinion was the test, "if you could get the unprejudiced variety." The additional clause mitigated but did not cover the slip, and having started the chase Sir William led it farther and farther from the question of public policy to scientific testimony. I realized what had

happened and was prepared for the avalanche of names, qualifications, and degrees attached to the petition which Sir William waved aloft.

"Unprejudiced?" said Sir William. Of course they were unprejudiced—quite a number of the signatories were not medical men at all, merely biologists, physiologists, Fellows of Natural History and the like, but if an appeal were to be made to the scientific mind—the witness had admitted that *vox populi* was a notoriously unsafe guide to such a case—what then? . . .

The petition with its long list of distinguished and remote personages was eventually dropped and the medical schools of Europe put in its place—Vienna, Berlin, Paris, Moscow, none of the great centres of medical learning had supported the osteopathic theory? Sir William smiled benignly as he put the query. But on this point MacDonald was prepared. The question of osteopathy on the Continent of Europe had never been raised, was the reply.

The great counsel could not challenge the statement, but in a shocked voice asked if the witness agreed that all over Europe men of the highest intellectual calibre were doing their utmost to further the healing art? And, he asked firmly, "Did the witness suggest that these brilliant individuals had never heard of osteopathy?"

The witness not only suggested, but affirmed it. Also, he stated that if they had heard of osteopathy they had put it away contemptuously without examination as beneath their notice. And then MacDonald, with a shake of his head, plunged back from the labyrinth of cross-examination into the broad road of fact.

"We are not demanding registration on the grounds that we have proved to the scientific world that our contentions are true, we are claiming it for the protection of the public."

It was like a trumpet call, and a stir ran through the room, the sort of stir that means applause. I think that every man and woman there, apart from the medical profession, wanted to cheer. But cheers were not allowed in that decorous place, and Sir William, returning to the charge, fired off another salvo of scientific opinion.

And so from the noble company of petitioners back again to the man in the street, that inarticulate general public that so rarely has a chance to voice its beliefs and desires; and then on to another whirligig of argument—in what particular should the training of an osteopath differ from the training of an orthodox and so tracking back by long and tedious ways to the definition of what osteopathy really is.

The duel as a whole did not illumine any issue, but it served to demonstrate forcibly and irrefutably that Kelman MacDonald had deliberately and of free choice left the medical fold and embraced the osteopathic faith. With Streeter, his evidence impressed both the Committee and the public. There was no gainsaying the statements of these two remarkable men. Their history, training and the undeniable triumphs of their skill impinged on the consciousness of everyone who listened to them. It was impossible to belittle or decry their testimony, and the general feeling was that in face of their evidence it would be difficult for the Committee not to report in favour of the Bill.

And then, on top of the boom, when it seemed as

if the matter of public policy would surmount orthodox opposition, Dr. John Martin Littlejohn, Dean of the British School of Osteopathy, gave evidence.

Some are born good witnesses, others become so. A residuum, however, seem unable to cope with an unlooked-for question. The required fact remains obstinately hidden in its mental pigeon-hole, the apposite answer evades the tongue, and the whole effect of the testimony is confused and hesitant. Dr. Littlejohn, like Mr. Mennell, the distinguished witness for the orthodox side, would seem to lack that capacity which, without hesitation, can recall dates and events.

In his examination-in-chief by Mr. Harold Murphy Dr. Littlejohn stated he was a graduate of Glasgow, where he won degrees in Law and Divinity, and also held a position of medallist in forensic medicine. Later, he went to America, where he took up the study of osteopathy, remaining in the States for twenty years, of which sixteen were spent in teaching.

Now the Dean of the British School of Osteopathy appends a long and imposing list of letters after his name. In answer to Mr. Murphy's question, "You hold a degree of medicine of the Dunham and Hering Medical College in Chicago?" Dr. Littlejohn returned an emphatic "Yes." He also stated that he had degrees in several of the States. It all sounded most impressive, and his answers were accepted without comment.

When, however, he emerged from Mr. Murphy's questioning to undergo interrogation at the hands of Sir William Jowitt, the degrees seemed to become a little dubious.

A CONVERT TESTIFIES

SIR WILLIAM JOWITT : "Where did you get your full medical degree?"

DR. LITTLEJOHN : "In Chicago."

SIR WILLIAM JOWITT : "Chicago University?"

DR. LITTLEJOHN : "Not in Chicago University. At the time when I got my degree Chicago University was simply in formation, and development. There were a number of medical schools in Chicago which were all separate. The majority of those have all been incorporated now under the University."

SIR WILLIAM JOWITT : ". . . I see you have put in this little book, *The Journal of Osteopathy*, Editor, J. Martin Littlejohn, M.D., Dunham. . . . Can you show me any reference book relating to Chicago University or anything else where I can find anything about Dunham?"

DR. LITTLEJOHN : "No, because it was not part of Chicago University."

SIR WILLIAM JOWITT : "Is it still there now?"

DR. LITTLEJOHN : "No."

SIR WILLIAM JOWITT : "When did it give up?"

DR. LITTLEJOHN : "About 1908."

SIR WILLIAM JOWITT : "So reference books before 1908 would show Dunham, would they?"

DR. LITTLEJOHN : "They ought to."

SIR WILLIAM JOWITT : "Have you looked up to see as a graduate of—what shall I call it, the University of Dunham? Was it a university?"

DR. LITTLEJOHN : "No, it was a medical college."

SIR WILLIAM JOWITT : "As a graduate of a medical college, did not you have books showing how your old friends were getting on, and so on?"

DR. LITTLEJOHN : "At the time we had announcements the same as the colleges here."

THIS THY BODY

SIR WILLIAM JOWITT : "How many students were there in Dunham in your day?"

DR. LITTLEJOHN : "There were about eighty."

SIR WILLIAM JOWITT : "What was the teaching staff? . . . Who was the head man? . . . Who was your great teacher at Dunham?"

DR. LITTLEJOHN : "There were quite a number."

SIR WILLIAM JOWITT : "Give me the name of one of them, will you?"

DR. LITTLEJOHN : "I have forgotten the names at the present moment."

SIR WILLIAM JOWITT : "All those professors who taught you? . . . Do you really mean to tell me that you cannot remember the names of any of the professors who taught you?"

DR. LITTLEJOHN : "I do not remember ; names are things that I am very bad at."

Memory failed to precipitate the essential thing at the imperative moment, and the spectators of the scene were left with the impression of a startling discrepancy between Dr. Littlejohn's recollection and the actual facts.

Then there was the matter of the degree of LL.D.—Doctor of Law. Dr. Littlejohn stated that it was the University of Texas which had conferred the degree, but on closer investigation it became apparent that it was not Texas University from which he had received the honour, but the Ad-Ranx, a Christian University in Texas. It was only under extreme pressure that the witness seemed to realize the difference.

The next point of examination was the degree of Doctor of Philosophy, which the witness said had

been granted by the University of Columbia. Alas, interrogation elicited the amazing admission that :

"I am not a Doctor of Philosophy of Columbia—I would describe myself as a Fellow of Columbia. . . . The word Fellow means a scholar who is pursuing some particular line of special work, making investigations and then writing a theme on some particular subject."

Under pursuit, Dr. Littlejohn's imposing list of letters grew less and less distinct, and at the end it was established that although on a document called "The British School of Osteopathy" J. Martin Littlejohn, Dean of the School and Superintendent of Education, appears as M.D., B.D., LL.D., Ph.D., the witness, on his own admission, is not a Doctor of Philosophy ; the origin of his degree in Law is dubious, and he is not an M.D. of Chicago University ; but, in fairness, I must admit it was also given in evidence that he obtained the degrees of Master of Arts, Bachelor of Divinity, and Bachelor of Law at the University of Glasgow.

It was, I felt, a deplorable performance on the part of the Dean of the British School of Osteopathy, and although his distressing ambiguity had no fundamental relevance to the point of the inquiry—the registration of osteopaths—his failure to recall important facts did not help the case. Indeed, as time went on, I realized his evidence must have an unfortunate influence on the issue, for the last part of his cross-examination was far worse than the first.

It was after his disingenuous opening that I felt a change of atmosphere among the obviously lay members of the public present. The keenness of their interest had flattened. The virtue seemed to have gone out of the matter, and there was a general sense

of depression which increased as the interrogation went on.

The examination of Dr. Littlejohn, from his personal qualifications, went on to the conduct of the British School of Osteopathy. In answer to Mr. Murphy the witness stated that the course of study at his school "is not less than four years." The curriculum, as he at first explained it, includes the scientific branches of biology, physics, chemistry and anatomy; it also takes in histology and embryology, physiology, pathology, bacteriology; hygiene and dietetics with laboratory and physical diagnosis with psychology and psychiatry, and the complete course in the theory and practice of the technique of osteopathy and its clinical demonstrations with manipulative and minor surgery, and such other subjects as may be included in a comprehensive training.

I gasped as I listened, feeling very much impressed. But there was more to come.

The students, the witness explained, are required to furnish evidence that they have attended courses in recognized medical schools for the study of the subjects other than the actual technique of osteopathic diagnosis and treatment, so that the period actually covered by the British School is two years only. But what those two years include! The students have the advantage of clinical experience which, said the witness, covers the treatment of an average of 97 patients daily. These patients attend the clinic attached to the school and receive treatment from qualified demonstrators in the presence of the students. During the year 1934, 18,000 patients were so treated at the school, and many others at the thirteen affiliated schools round London or in the county.

Up to this point Dr. Littlejohn's statements carried conviction. His degrees might be muddled, but his account of the school seemed startlingly concise. I visualized those 18,000 patients and their 24,000 treatments, and pending the establishment of a college equipped to the American level it seemed entirely satisfactory that the students should get their knowledge of anatomy, physiology, etc., at recognized medical schools.

It was pleasing to think that hundreds of young men and women were ardently qualifying for diplomas in the New Healing and that each year more and more trained enthusiasts would start on osteopathic treatment.

Under the cross-examination of Sir William Jowitt the status of Dr. Littlejohn's students seemed to grow progressively less rosy. There was, it seemed, a certain Doctor or Mr. Looker, now deceased, who had come to England to found a School of Osteopathy and Chiropractic. The School, which the witness agreed was "unrecognized", granted the degree of "M.D.", which was said to signify "Master Diagnostician". Dr. Littlejohn said he was not aware of this but admitted that on the death of Mr. Looker he agreed to take over some of the students on condition that they produced their credits from the Looker School and carried out a certain amount of work in connection with the British Osteopathic School.

Sir William then centred on the point as to whether some of the students had been granted a diploma on consideration of *one* year's work at Dr. Littlejohn's establishment, plus credit for three years' work at Mr. Looker's unrecognized college, together with the answering of eight test papers, the said papers being

furnished to the students in their homes, where they would have every opportunity of looking up the answers.

The witness shuffled and hesitated but could not evade the issue and it finally appeared that this discreditable procedure had been followed in certain cases, and that, in effect, the irregularity in the granting of diplomas was considerable.

Dr. Littlejohn's ambiguous position, as revealed by Sir William's deadly cross-examination, not only injured his reputation but diverted attention from the work which leading osteopaths credit him as having done for osteopathy. I have been told that he has genuinely tried to organize osteopathic education in this country and that his gifts as a teacher and his knowledge of osteopathic principles and practice are recognized. It has also been pointed out that many of the students who have passed through his hands have established successful practices and have gained official positions in the osteopaths' professional organizations.

I have no wish to do Dr. Littlejohn any injustice, and for this reason I put this view on record. For myself I can only speak as to the impressions left upon me by his evidence. One or two prominent osteopaths, however, whose judgment I trust, have assured me that Dr. Littlejohn's services to osteopathy in the difficult field of pioneering work are entitled to respect.

But, to my mind, his admissions settled the issue. Dr. Littlejohn had defeated the Bill.

From the opening of the inquiry beginning with Mr. Streeter's evidence through that of eager and unsolicited patients, there was a crescendo of interest, a gathering momentum of belief in the osteopathic

cause that reached its climax with the testimony of Dr. Kelman MacDonald. The general feeling was not only that the necessity for the Bill had been completely demonstrated, but that for the first time, the amazing possibilities of the New Healing had been shown.

And then came the Littlejohn *débâcle*.

It may be asked why the supporters of the measure should have allowed this particular witness to give evidence. It was impossible, however, to exclude the Principal of the one and only British School of Osteopathy from the Inquiry, and neither Mr. Streeter nor his colleagues could have been aware of the discrepancy in Littlejohn's degrees and the irrēgularities of his diploma system, for which they could not be held responsible. Moreover, while the two leading osteopaths admitted the feeble calibre of the School's curriculum, they could not know the character of its administration. But, and this is of paramount importance, the revelation, however disconcerting, proved the urgent necessity for the Bill to become law, and moreover cleared the air and simplified the future plan of operation. For, denied to-day, osteopathy will succeed to-morrow and secure a legal status commensurate with that already won in the opinion of the public as in the healing world.

CHAPTER VIII

SIR HEREWARD WAKE HOLDS THE FORT

THERE are certain names which still carry an authentic thrill. One can never hear the stately syllables à Becket without the accompanying picture of the Saracen maid who won her way to England and her lover by their appealing repetition. Simon de Montfort always induces the vision of a man on a white charger, just as the Black Prince conjures up a melancholy romantic. But of all the figures in our national history the most picturesque to me remains Hereward the Wake. The last of the English to defy the Norman Conqueror, the vision of that intrepid spirit fighting a lone hand in the marshes is a torch to the imagination and becomes the symbol of those qualities which are most precious to our race—steadfastness and that courage which calculating all the opposing odds—defies them.

I had not appreciated that, a descendant of the hero, there was still a man who bore his name and it was with an almost unbelieving pleasure that I heard Sir Hereward Wake summoned to give testimony for Wilfrid Streeter. Very tall and with an air of pleasing command, he walked across the room and took the witness chair. I felt somehow he should have been in armour with a shining sword, or better still with the ancestral equipment of a bow and arrows. He had come, he explained, of his own wish and duty to give certain evidence as a result of his experience of osteopathic treatment.

Twenty years back Sir Hereward consulted Mr. Streeter at No. 255 Bath Street, Glasgow. At that time, to use his own words, he was a physical wreck.

"About two years previously I had had a bad fall riding in a race and hurt my spine. I gradually got worse till I broke down completely and went to Dr. Streeter. I went to every sort of specialist to find out what was the matter with me, and I was finally told that I must rest for at least a year on my back. I continually complained of a pain in my back but I could not get any treatment for it until I went to Glasgow."

Sir Hereward tried out the recipe of bed and lay prone for three months. Then, feeling no better and unable to stay supine, he rose up, tried osteopathy—and lost the pain.

"I still hunt as much as I can," he continued, "but if I get a fall I feel my back again, and I go straight up to Dr. Streeter, and he gives it a twist and it is put all right. If I do not go I get ill in other ways; I get colds and that sort of thing. I never have a cold so long as I have a little osteopathic treatment occasionally, and as I said before, I am as fit as anybody."

He looked indeed supremely fit. It seemed incredible that he was fifty-nine—tall, graceful, with long limbs and a boyish smile, he might have been twenty years younger. Sir William Jowitt tackled him in his best style, but the simple and straightforward story could not be shaken. He had spent years of agony under medical care and within a fortnight of osteopathic treatment he was so much better that he was able to walk.

"I walked," his voice pealed across the room, "three or four miles with a gun."

"Was the treatment performed under an anæsthetic?" asked Sir William.

"No," said Sir Hereward, "and it was not really painful. . . . Do you wish me to describe what the treatment was? Streeter twists you round and jerks your joints into the place God meant them to be in. The theory is, that if all your bones, joints, muscles and nerves are in the right position you are either immune from any diseases that come along, or you can cope with them yourself."

It was of no use to try and shake the impregnable rock of his testimony. He had suffered and found relief, his joints had been jerked into the place God meant them to be. There was no gainsaying his assertion, no hope of whittling away the significance of what he said. His facts, like his dates, were at his beck and call. No hesitation here, no fumbling; like his ancestor's arrows his answers were launched with deadly accuracy.

And very wisely Sir William left him in possession of that particular field and tried fresh ground. He inquired if Sir Hereward had experience of any other cases treated by osteopathy either by his own or members of his family, and the reply, somewhat unexpected, I thought, was that Sir Hereward periodically sent his family for an osteopathic toning-up, and that both his sons had gone to Mr. Streeter when suffering from bad tonsils. One son had had his tonsils removed by a surgeon—they had become too bad to yield to treatment—the other, who was in a healthier state, was cured. Sir Hereward explained that he always sent his ailing friends and relatives to Park Street—no matter what was wrong.

Following Sir William, the lesser bigwigs took him

on and tried desperately to tie him up in verbal knots. But Sir Hereward was not an easy man to bustle and the result of these attempts to deprecate his testimony was to reinforce all that he had said.

He left the witness chair imperturbable as when he had entered it. The atmosphere of the Court seemed the fresher for his testimony. He carried with him the impress of a dispassionate desire to state the truth. He had been thrown in the hunting field, had gone from one doctor to another, finding no alleviation and in time unable to walk. And after a fortnight's osteopathic treatment he had not only walked but carried a gun.

Surely in face of this straightforward telling of a simple yet miraculous healing the people of England might hope to secure the protection against those who, to quote Sir Hereward, "set up as osteopaths without being qualified to do so."

All through the Inquiry this note of warning was perpetually struck. The medical witnesses, while stressing the danger of what they called irregular practise, refused to differentiate between the qualified and the unqualified osteopath. The risk, they suggested, was about the same in both cases. But while they refused to be impressed by the evidence of lay witnesses, and dismissed as of no account the warnings of the osteopaths themselves they must have found it difficult entirely to close their ears to the grave words of one of their own body, Dr. Kelman MacDonald, who, as a medical man no less than as a practitioner of the New Healing, stated specifically that :

"I have seen in my practice some cases where it would be positively dangerous for an unqualified manipulator to handle them at all. There have been

cases of tuberculosis, cases of malignant disease of the spine, cases of aneurism of the heart, where injudicious manipulation in general and forcible thrusts in particular would be exceedingly dangerous—very, very dangerous. More than once have I sent a patient in an ambulance straight to a nursing home or hospital after I have merely examined him. So that for an untrained manipulator to play about with these cases is very, very dangerous and bound to lead to sudden death upon the table, and in regard to these dangerous cases there is nothing in a medical school which is not thoroughly taught in a recognized osteopathic school. Indeed special emphasis is laid on the importance of these particular cases, so that the public will be doubly safe in osteopathic hands.”

It was not a pleasant picture he conjured up. A patient sick unto death in the hands of a quack whose ignorant “forcible thrusts” might precipitate the sufferer into the grave. I watched the faces of the distinguished members of the faculty gathered together to oppose the Bill. Their expressions uniform and unyielding seemed to harden as Dr. MacDonald spoke. To me they suggested a solid phalanx of prejudice and fear. Let the public suffer—so I interpreted their attitude—let them die and we will not lift a finger to protect them. If they are so misguided as to consult the unorthodox, qualified or not qualified, they must take the consequences, for wisdom will die with us.

There was not much evidence of medical wisdom in what the next witness had to say. This was Colonel Henry Howard, Commander of St. Michael and St. George and an officer of the Distinguished Service Order. He had travelled from a remote part of

Wales to give evidence and was obviously very glad of the opportunity of doing so. The Colonel was an osteopathic convert. He had indeed been very sceptical as to the *bona fides* of the treatment until his wife developed neuritis in her arm. One doctor after another attended the case but she made no progress until at last "she was minded to go and see Wilfrid Streeter."

And then?

"He cured her completely," said the Colonel.

The next chapter in the story told of the Colonel's own aches and pains. He found he was getting stiff in the back, shoulders and legs. He had broken small bones in both legs some time previously and when he played squash rackets they gave him gyp. Well, he went to his doctor and this gentleman recommended "shapes"—some kind of mechanical contrivance worn between the sole of the shoe and the foot—leather with metal underneath. These contraptions the Colonel wore for two years, but the pain and the discomfort did not decrease so that his condition worried him. His father had suffered terribly from arthritis before his death and the Colonel had a fear that he might be going along the same grim road. This, and, I suppose, the persuasions of his wife sent him—still sceptical though hoping—to Mr. Streeter—who put him under an anæsthetic and loosened the patient's back and neck and cured an obstinate tennis elbow. Moreover, after the treatment his legs functioned painlessly and he threw away the shapes. "I have never worn them since I went to Dr. Streeter."

Once having embraced the osteopathic faith he preached it enthusiastically.

His young nephew, Lord Kenyon, all his life had

been short-sighted. In 1934 the oculist who had been treating him said the boy was much worse and another oculist was called into consultation. The two experts were very gloomy and told the Colonel—Lord Kenyon's trustee—that the patient must leave Eton immediately and stop reading. Further they advised that he should travel under the care of a tutor. That particular course not being expedient the unhappy youth was taken from school and kept at home. It was then that the Colonel insisted on direct action and induced the lad's mother to take him to Streeter. Utterly doubting, she at last yielded and within a fortnight of osteopathic treatment his spectacles were cast aside and his general health so improved that, as the Colonel remarked, "some people say that they can hardly recognize him."

This was not all. The Colonel's sister, poor lady, discovered that her limbs were stiffening in the same way as her brother's. Moreover, after a day's hunting she suffered from terrible backache. She also went to Mr. Streeter and under his treatment the backache was greatly alleviated and the pain lessened.

The Colonel gave his evidence with military precision and all attempts on Counsel's part to lead him up a controversial bypath utterly failed. Sir William tried in various ways but: "I am not dealing with theories," said the Colonel, "but only with facts."

The rest was silence.

It was impossible to listen to the statements of these two distinguished soldiers without realizing that if human testimony is to count for anything their words could not be dismissed. Nor, indeed, do I think the significance of this and other evidence failed to impress the Committee.

Then there was Mr. Bramwell Bennett, M.C., an Incorporated Accountant, who with his family had been treated by osteopaths for six years. For this reason and because of the marvellous things he and his people had experienced under the New Healing he had come to give evidence.

To me, the most vital part of his evidence concerned his wife who, after the birth of her first child, had a long period of discomfort and pain. So long-drawn was the trouble that before her second child was born she consulted Mr. Barrow and Mr. Oxenham, osteopathic physicians. She was treated right up to the time of her confinement. Her husband described the amazing distinction between the results following the birth of the first child and that of the second.

After the first birth the poor mother was in a state of continual pain and suffering for fifteen months. Under Mr. Oxenham's attentions she was up and doing in three weeks after the child was born.

The entire Bennett family seemed to have found a new lease of life through osteopathy. A sister of the witness, following influenza and quincy, had considerable heart trouble and consulted an orthodox specialist. This gentleman took a very serious view of her condition, and informed the patient's family, "that she was in such a state that at any moment she might fall down dead, and that she was not on any account to run for a bus."

After these distressing tidings the lady went to Mr. Barrow, who gave her a course of treatment which was such a complete success that, so far from not being able to run after a bus, she became an enthusiastic dancer.

Mr. Bennett himself had a bad time with disorder

of his liver, following an attack of jaundice immediately after the War. His condition dragged on for years until—it sounded like a rhythmic refrain—he tried osteopathic treatment and at the moment was better than he has been since the War.

Next came Mr. William Hughes, Station Foreman at Enfield, who hurt his right leg and hip two years back through jumping on the line. He took little notice of the accident at the time but went on working although he was in pain. Finally, the pain became so acute that he went to the doctor. As in so many similar cases the doctor told him he was suffering from rheumatism. The poor man thought that this being so he could “work it off” and carried on with his job.

Alas, his distress and his suffering went on increasing, so he returned to the doctor who said it had now become “acute rheumatism” and so things went on for months. Meanwhile, Mr. Hughes’s weight was decreasing. He dropped from 12 stone to 10 stone 4 lbs., and at the same time he found his leg was shrinking.

Once more he complained to the doctor who looked at his leg and said: “There is something wrong, but I do not know what it is. I will send you for an X-ray.” The X-ray, so the doctor told Mr. Hughes, showed that he had injured himself. Furthermore: “You *have* injured yourself,” said the doctor. “Arthritis has set in. I am sorry for you, Hughes, there is no cure. You will be crippled for life. Your leg will draw up. Carry on as long as you can. You must come to me for medicine, and come often. You will have to keep on with it.”

The witness described most drastically what followed.

"I kept on," he said, "until I was in such pain that the doctor sent me to the North Middlesex Hospital for further treatment. I went there for three months, three times a week, and they made me a darned sight worse than ever. I could not walk a dozen yards without stopping to ease the pain."

The unhappy man indeed had decided that he would have to lose his job and resign himself to permanent invalidism when a friend persuaded him to go to Dr. Foote, the osteopath. At first he had two treatments a week until he began to get better, when he had fortnightly treatments which were still going on. He has regained his former weight of 12 stone; he can walk; his leg is back to its normal size, and all pain has left him.

The witness stuck to his guns and his simple tale had an appreciable effect. Once again we had all realized that the ordinary doctor does not probe for the cause but treats the symptoms of the disease and though Mr. Hughes suffered pain, the reason for that pain was not explored. The witchcraft of agony had descended on the patient and there, so far as orthodox medicine was concerned, it was left.

I was especially keen on the tale of Mrs. Florence MacNaught. At 18 years of age she discovered a slight swelling in her neck. No notice was taken of it, however, for about a year. By that time, the swelling was much larger, her heart was getting very bad and her general condition so unsatisfactory that she was taken to a family doctor, in fact, several doctors. They all examined her and said she had ex-ophthalmic goitre—"Grave's Disease, they called it." Nothing was decided as to future treatment but later on the witness saw a London specialist.

"He told me," said Mrs. MacNaught, "that I was incurable and that I was in a very bad state indeed and that I could not have an operation—I think, because my heart was so bad."

The poor thing went back to her home in Dublin with the sentence of death hanging over her. A friend of her father's, however, explained that his daughter had suffered from the same complaint and had been cured by an osteopath.

"My father did not know what an osteopath was," said Mrs. MacNaught. "However, he was willing to try anything, and I was taken to see this osteopath in Dublin. He did not examine me: as a matter of fact I had a fur up round my throat, but he said to me: 'The bones at the back of your neck are all sticking out, aren't they?' and my mother, who was with me, said: 'As a matter of fact they are.' I did not know myself. He said: 'That is the whole cause of the trouble. We will get that right and then the effect that it has on your heart and your nerves, and all the other things you are suffering from, will disappear.'"

Mrs. MacNaught was treated for some three or four months. After that, completely restored to health, she got married and went out to Siam where her husband was Game Warden. Conditions of existence were very arduous. They lived in a very wild part of Siam, absolutely in the jungle.

"I have lived," said the witness, "where no other white woman has lived, and I have trekked the jungle and travelled the jungle on ponies and elephants and all that sort of thing, miles away from a doctor. We were out there for eighteen years and there was never any return of the trouble."

Not only that, but since the osteopathic treatment some twenty-six years back, she had not suffered with her heart.

"I had a very bad operation after my daughter was born," she explained, "and the doctor who operated in Dublin said : 'What stands by you is your magnificent heart.' "

The husband of the witness came home from the East with very bad neuritis. The doctors told him quite cheerfully it was chronic and that he could not hope to get very much better. His wife persuaded him to go to Dr. Foote, the osteopath who had treated her, and after some months of attention he found himself practically cured. It was found that the pain was due to a lesion in the spine caused by a fall when he was playing polo.

The result of Mrs. MacNaught's evidence was sensational. Everybody sat up, listening with rapt attention to all that she said. I, for one, could not help thinking how terrible it was that one after the other orthodox practitioners had practically sentenced her to death, and that but for the timely meeting between her father and a friend, she might never have lived to get married, bear children, and stand before the Committee, a splendid vital specimen of womanhood.

After these startling human documents had given evidence, a long list of medical experts queued up to oppose the Bill. Their names, terribly titled and distinguished, included Sir Henry Hallett Dale, C.B.E., F.R.S., M.A., M.D., D.Sc., F.R.C.P., LL.D., of the Medical Council and many additional bodies ; Sir Norman Walker, M.D., Sir E. Farquhar Buzzard, K.C.V.O., M.D., F.R.C.P., and finally, Sir Arthur

Robinson, G.C.B., C.B.E., and Permanent Secretary to the Ministry of Health.

These gentlemen did not, in my opinion, contribute anything of gain to the general point of discussion, which returned to the personal idiosyncrasies of Doctor Still and the absence of what was called *prima facie* evidence in support of this theory.

This *prima facie* business became very wearying. Sir Farquhar Buzzard insisted that there was not enough evidence to make osteopathy worthy of a prolonged investigation. He admitted that thousands of people went to osteopaths, that indeed hundreds of his own patients sought their aid. But, in face of, and in spite of the testimony of Dr. MacDonald and the other witnesses he declined to admit that, even in their cases, the result of osteopathic treatment suggested that there might be anything in the fundamental doctrine.

Round and round like a squirrel in a cage the argument went on and at the end of the last piece of evidence we were back at the beginning of the first—the medical profession would not even consider or examine the claims of osteopathy as a serious treatment but insisted that the whole thing should be put outside the pale of recognized healing.

And so the Inquiry continued and for twelve whole days the pros and cons of scientific validity were debated with occasional vivid spasms of evidence vital to the central point of Registration, and moments in which the audience were spellbound by the stories of miracles of skill.

Medical opposition was solid and its effects on the Committee were tangible, though, had Dr. Littlejohn stood the test of cross-examination, even the high

lights of the medical profession could not, I think, have swayed the issue. In the light of his, shall we say, unvarnished memory, and remembering that his School was the only training ground for British osteopathic students, however, entrenched authority had its way.

But even so, it was impossible to discount the whole effect of osteopathic testimony, and this was felt, in my opinion, not only by the Committee but by the medical faculty themselves. It had become apparent, even to the most prejudiced medical man that osteopathy could not be brushed aside like an irritating fly, nor sent to bed like a bad child. Already recognized by a vast number of people in this country, with patients flocking every day for treatment, orthodox opposition was powerless to extinguish its growth or under-estimate its success.

What then was to be done about it?

Sir Arthur Robinson, speaking in the name of the Ministry of Health, admitted that if osteopaths were placed upon a Register similar to that of the medical profession, it would be impossible to refuse their services as part of the national machinery and that in the case of patients under the National Health Insurance Acts, the State would have to supply osteopathic treatment.

At this moment, Lord Elibank made a really startling intervention.

"A short time ago," said he, "I received a letter asking that osteopathic panel doctors should be set up in Glasgow."

In Scotland, at any rate, the people would appear to have grown accustomed to the idea that it is only a matter of time before osteopathy will be placed on the

same legal basis as medicine, for there would not appear to have been any protest in Glasgow on the raising of this vexed point.

After a good deal of reiteration, Sir Arthur Robinson stated that it was his considered opinion that no State Register of osteopaths should be formed until their claims had been proved. The necessary machinery, he suggested, could be set up by an inquiry under the Ministry of Health.

Mr. Streeter saw his opportunity and seized on it and under his advice his colleagues agreed to the proposal and intimated their willingness that the Bill should not be proceeded with if a competent tribunal could be commissioned to investigate the scientific validity of osteopathic principles and technique.

As the Bill was a public measure, which the House had referred to a Select Committee, it could not be withdrawn—the Committee was bound to report to the House : but it could, of course, recommend to the House that the Bill should not be proceeded with, and it could, and did, terminate its own investigations without more ado.

And so, after twelve days which shook the medical world, proceedings closed. Another, and the most amazing chapter, had been added to the story of osteopathy in its long-drawn struggle for recognition and protection—recognition for qualified practitioners—protection for the public.

CHAPTER IX

THE SELECT COMMITTEE REPORTS

THE findings of the Select Committee, issued a few months later, are of vital importance, not only, nor indeed chiefly, to the osteopathic or the medical schools, but to the vast body of the general community. The Report, like the Inquiry with which it deals, is a standing example of impartiality, and to me it is amazing that in face of such a powerful organized opposition the general deliberations of the Committee should have been so amazingly free from bias. Lord Elibank, I shall always feel, set the tone for the whole of the proceedings. With the Chairman he maintained a vivid interest and a judicial attitude of incalculable value to the public and the supporters of the Bill alike.

Osteopathy is exciting an increasing attention ; its opportunities and possibilities of escaping from ill-health make such a definite and indeed irresistible appeal, to all sorts and conditions of sufferers, that I feel everyone concerned for the better treatment of disease will be glad to know that once more the cause is resurgent.

The immediate check to its recognition was in my opinion due to the British School of Osteopathy.

"The only existing establishment in this country for the education and examination of osteopaths," says the Report, "was exposed in the course of evidence before us, as being of negligible importance, inefficient

for its purpose, and above all in thoroughly dishonest hands. . . .

"Pending the setting up of any adequate machinery in this country, therefore, the only training ground for the qualified osteopath would be North America, and it was pointed out by the representative of the Ministry of Health that 'it is alien to the general principles which have so far been followed in comparable legislation to recognize qualifications which are conferred by foreign educational institutions.' Moreover, the Committee had no evidence before them as to the standard of education of osteopaths in North America."

Generally speaking the profession seems to be fairly satisfied with the tenor of the Report. Leading osteopaths are, I know, more anxious to act on its positive recommendations than to criticize its negative aspects. On some points, however, they very definitely do not see eye to eye with Lord Amulree and the rest of the Committee.

The Report maintains that, according to the evidence, the osteopaths have not established the claim that their special technique is applicable to all forms of disease. For this reason the committee concluded that it would not be safe or proper for parliament to recognize osteopath practitioners as qualified, on the same footing as medical men, to diagnose and treat all human maladies. On this ground apparently, it was decided to withhold from the public any assured means of discriminating between a trained osteopath and a quack.

This, after all, was the purpose of the Bill on which Parliament was asked to legislate; it is this purpose that the Report evades, for while it does not recom-

mend official registration it suggests that the osteopaths themselves should establish a statutory board with power to say that anyone practising osteopathy must prove that he holds due and reputable qualifications.

Meanwhile the Inquiry "to consider the claims of osteopathy", as suggested by Sir Arthur Robinson for the Ministry of Health, was not proceeded with ; it died indeed before it was born. The osteopaths, however, took prompt and practical action and immediately following the issue of the Select Committee's Report Mr. Streeter summoned a meeting under the presidency of Lord Elibank to discuss preliminaries for the formation of the General Council and Register of Osteopaths to be incorporated under the Board of Trade.

The principal aims and objects of the Council are so vital to the profession and of such importance to the Public that I reproduce them :

- (A) To establish and maintain standards of education for the practitioners of osteopathy for the protection and benefit of the public.
- (B) To promote, assist, approve or co-operate with any universities, colleges, schools, hospitals, clinics, or establishments which may conform or propose to conform with the standards of the Register in the matter of osteopathic education, research or practice.
- (C) To keep a register of persons admitted to membership as qualified to practice osteopathy in conformity with the standards of the Register and to grant to such persons the right to use after their names any letters or additions showing that they are admitted to membership of the Register.

- (D) To supervise for the protection and benefit of the public and the practitioners the ethical behaviour and professional conduct of the persons for the time being admitted to the Register ; and to cancel or suspend and remove from the Register any person whose behaviour or conduct may in the opinion of the General Council of the Register have failed to conform to the standards of the Register.
- (E) To promote the progress of the healing arts and in particular to assist and encourage the progress of osteopathy on the lines of sound knowledge and in accordance with strict professional behaviour.

The importance of clause (C) cannot be over estimated. It provides the public with the means of discriminating between the qualified practitioner and the quack, the healer and the impostor.

Upon the completion of their plan the General Council approached the Board of Trade through their lawyers with the request that the General Council and Register should be incorporated by licence under Clause 18 of the Companies' Act, which provides for registration without trading facilities and thus differentiates between those bodies which exist for the purpose of research and social services and those which trade for profit.

The application was made to the Board of Trade in February of this year, 1936, but several months elapsed without any reply from the Board of Trade regarding their decision in the matter. As a result of inquiries then made it transpired that the Board of Trade had referred the question of a licence under

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Section 18 to the Ministry of Health for advice and that that Ministry was still considering the matter.

Subsequently, the Board of Trade decided, on the advice of the Ministry of Health, that they could not agree to a licence under Section 18, but that there was no objection to the General Council and Register being registered under the Trade Acts as a Company limited by guarantee. It was pointed out by the Board of Trade that the granting of a licence under Section 18 would be tantamount to reversing the decision of the House of Lords, and further that no licence was granted under this Section to any public body until it had proved its capacity to exist. The General Council thereupon, whilst not agreeing with the attitude of the Board of Trade or the Ministry of Health, in the matter, decided that as it would prove no bar to their obtaining a licence in the future, or a Royal Charter, to register the General Council and Register as a Company limited by guarantee, and this they have now done under the official title of "The General Council and Register of Osteopaths Limited."

Lord Elibank has become the first President of the general Council ; Mr. Streeter is Chairman ; Dr. Kelman Macdonald is Registrar ; and these, together with other eminent osteopaths, have launched a far-reaching programme for the further promotion and establishment of osteopathy in this country.

It is felt that among other things, a post-graduate clinic should be established where the younger members of the profession can study specialized technique and the general public find facilities for treatment. This clinic Mr. Streeter has every hope of founding.

THIS THY BODY

The General Council also provides for the inclusion of two medical men and two scientists and one lay member. It is sincerely hoped that the medical fraternity will respond to this olive branch which is held out to them by the osteopaths, and that it will not be long before two eminent doctors, and two scientists of repute, will be serving upon the General Council.

From the public point of view it means a great deal in the future of osteopathy if the medical profession will now lay aside the prejudice which has imbued them in the past, and will work hand in hand with the osteopaths for the active promotion of a healing art which has already proved its immense value to the community.

It may be indeed that some of the younger and more liberal-minded of the surgical and medical profession may prove sympathetic and thus pave the way for an *entente* between the orthodox and the new method of treatment. Such a coalescence should surely prove of incalculable benefit to the sick and at the same time stimulate both branches of the healing art to that mental activity and curiosity which alone can defeat stagnation and contentment. Finally, it may even come to pass that, as in the General Hospital at Los Angeles, understanding and co-operation between the two sides will be so firmly established that prejudice and hostility might almost disappear.

It is not too wild a hope. Stranger things have happened and it may well be that the outcast of the medical cults to-day may be taken to their bosoms to-morrow, with the admission that osteopathy can and does offer relief in freeing the body from the witchcraft of pain and the degradation of fear.

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